

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH)



HANDBOOK FOR ASSESSORS

**MIDWIFERY EDUCATION
PROGRAM ACCREDITATION**

FOREWORD

Thanks to the God's help, the writers finished writing a handbook for Assessor entitled: "Midwifery Education Program Accreditation - Handbook for Assessors". The main reason for writing this handbook is to support the evaluator team in perceiving the real condition of midwifery programs that are willing to be accredited by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) located in Jakarta, Indonesia.

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH), as an external quality assurance institution for higher education in health study programs, has been trying to enhance the quality of accreditation services and to be recognized both national and international level. Currently, IAAHEH has developed instrument of international accreditation for health programme studies including for midwifery schools. Asia-Pacific Quality Register (APQR) standards for quality improvement in basic medical education and Midwifery Education Accreditation Programme (MEAP) from International Confederation of Midwives (ICM) are used as the references for this book. IAAHEH has been recognised by WFME since 2018 and is allowed to accredit midwifery program outside its jurisdiction.

Handbook entitled "Midwifery Education Program Accreditation - Handbook for IAAHEH's Assessors", is a handbook to help assessors to understand the standards/ criterion that need to be describe by midwifery schools. Asia-Pacific Quality Register (APQR) standards for quality improvement in basic midwifery education are used as the main reference for this book. This book would also be main reference for assessors to help them to have an agreement standards/criterion accreditation process of IAAHEH. This book will help them to improve objectivity and accuracy of the accreditation. It consists of steps of the accreditation process from registration to appeal.

This book is written by a team of midwifery education experts and practitioners who come from several reputable universities. I thank them for their hardworking in writing and finishing the book. I am pretty sure the expectation of the writers is that after understanding the handbook, the assessors will have high motivation to review the education process the of midwifery school to facilitate a continuous quality improvement.

Jakarta, July 4th, 2023

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The Chairman of IAAHEH.

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Chapter 1. Accreditation Criteria

Criteria 1. Mission and Values

1.1 Stating the mission: The school has a public statement that sets out its values, priorities, and goals.

Consider the role, audiences, and uses of the mission statement. Briefly and concisely describe the school's purpose, values, educational goals, research functions, and relationships with the healthcare service and communities. Indicate the extent to which the statement has been developed in consultation with stakeholders. Describe how the mission statement guides the curriculum and quality assurance.

Key Questions		Criteria for Compliance	
1.1.1	How is the mission statement specially tailored to the school?	1.1.1.1	How did the school formulate its mission statement?
		1.1.1.2	How is the mission statement identified?
		1.1.1.3	How are health problems considered at the national and local level?
		1.1.1.4	What is the scientific approach in the mission statement formulation?
		1.1.1.5	What is the association of the mission of the university with the mission of the school?
1.1.2	How is the mission statement tailored to the school for strategic planning, quality assurance, and management?	1.1.2.1	How is the mission statement translated into the school's program and activities during the planning process?
		1.1.2.2	How are the planned program and activities implemented?
		1.1.2.3	How does the organizational structure conform with the managerial functions to achieve its vision and mission?
		1.1.2.4	How is the internal quality assurance system developed based on its vision and mission?
		1.1.2.5	How is monitoring and evaluation in tracking the progress of achieving the mission?
		1.1.2.6	How to ensure the follow up action is completed?
		1.1.2.7	When was the last time the mission evaluated and updated? Is it regularly evaluated and updated?
1.1.3	How internal and external interest groups were involved in its development?	1.1.3.1	What are the mechanisms to identify the internal and external interest groups in the mission formulation?
		1.1.3.2	What are the procedures for the engagement of these interest groups?
		1.1.3.3	How is each interest group determined? What are the judgement of their contribution and their reciprocal benefits?
1.1.4	How the Midwifery program mission is aligned with ICM core documents including their philosophy and program delivery,	1.1.4.1	Is the midwifery programme incorporated in the ICM core documents and position statements into their philosophy and programme delivery?"

Key Questions		Criteria for Compliance	
	regulatory standards of the local accrediting agency and relevant government requirements?	1.1.4.2	How does the school translate the relevant national regulations and standards into its own regulations and standards concordantly?
		1.1.4.3	How does the school consider the local circumstances and uniqueness in implementing the national regulations and standards?
		1.1.4.4	Do the school's standards align with the mission of the university?

Guidance for Assessor

The school has formulated its mission statement based on the identification of health problems in its catchment areas using a sound and scientific methodological approach. The school has also considered the vision and mission of the university.

The school has a mechanism for identifying its interest groups – both internally and externally – and has procedures on how to engage them – particularly in mission formulation. The determination of each interest group is based on an objective and fair judgment of their contribution and reciprocal benefits.

The mission statement gives a mandate to the school to be involved in improving the health status of the community. The midwifery school has a collaboration with the healthcare services, local governments, hospitals, and communities to execute the midwifery school's role.

The mission statement is consistently translated into the school's program and activities during the planning process. The planned program and activities are congruently implemented. An appropriate organizational structure is set up in line with the functions of its components. An internal quality assurance system is set up to monitor and evaluate the progress of achieving the mission, as well as to ensure the follow-up action is completed. The mission is regularly evaluated and updated.

The school translates the relevant global and national regulations as well as standards into school standards and regulations concordantly. The school considers the local circumstances and uniqueness in implementing the national regulation and standards. The school's standards are aligned with the mission of the school.

The school has selected media for the publication of its mission and programs based on available resources and capacity. The school has organized several events to disseminate its missions and program involving relevant stakeholders

Supporting documents:

- Minutes of meetings when formulating the vision and mission of the school derived from the faculties and university's vision and mission. The vision and mission include the role of the school in improving the community's health status.
- List of attendance: students, faculty members, academic and administrative staff, alumni, stakeholders (employee) including documentation such as photograph/video recording during the meeting.
- Media use for publication of vision, mission, aims and strategies.

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes: The school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a midwife. Consider whether the defined outcomes align with the midwifery school mission. Review how the defined outcomes map onto relevant national regulatory standards or government and employer requirements. Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment). Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

Key Questions		Criteria for Compliance	
2.1.1	How were the intended outcomes for the course as a whole and for each part of the course designed and developed?	2.1.1.1	How does the school use its mission and priority Sexual, Reproductive, Maternal Newborn, Child, and Adolescent Health (SRMNCAH) problems in the formulation of intended graduate outcomes?
2.1.2	Does the Midwifery program learning outcome meet the criteria of the ICM competence and the regulatory requirement?	2.1.2.1	How are the course outcomes consistently derived from the intended graduate outcomes and meet the criteria of the ICM competence and the regulatory requirement?
2.1.3	What is the approach of the curriculum design? How is the curriculum design aligned with the school's mission?	2.1.3.1	Does contemporary midwifery and education practice in the development and design of the curriculum?
		2.1.3.2	How is the curriculum design aligned with the school's mission?
2.1.4	How do the midwifery programs provide students with the necessary clinical experience to achieve the outcome of the programs?	2.1.4.1	How do the midwifery programs provide students with the necessary clinical experience to achieve the outcome of the programs?
2.1.5	How do they relate to the intended career roles of graduates in society?	2.1.5.1	What is the association of the intended graduate outcomes with the intended career roles of graduates in society?
		2.1.5.2	How does the school trace their graduates?
2.1.6	What makes the chosen outcomes appropriate to the social context of the school?	2.1.6.1	How do the intended graduate outcomes associate with the priority Sexual, Reproductive, Maternal Newborn, Child, and Adolescent Health (SRMNCAH) problems in the school's catchment areas?
		2.1.6.2	How does the school select appropriate methods of needs analysis in line with available resources?

Guidance for Assessor

The school formulates intended graduate outcomes based on the school's mission and priority health problems. The course outcomes are consistently derived from the intended graduate outcomes. Proper assessment systems, regulations, and procedures have been developed to judge the achievement of graduate outcomes. The schools also consider ICM essential competencies for the midwifery curriculum.

The school has proper procedures in curriculum development, consisting of planning and design, implementation, and evaluation guided by the school's mission. In all stages, there are clear procedures for how to involve internal and external stakeholders. Views of different stakeholders are properly managed and considered.

The intended graduate outcomes are concordant with the intended career roles of graduates in society which are derived from the vision and mission of the institutions, the education philosophy, and need analysis. The school develops proper tracer study to track its graduates.

The intended graduate outcomes are formulated based on the priority health problems in the school's catchment areas and the results of consultation with external stakeholders and internal stakeholders. The school selects appropriate methods of needs analysis in line with available resources and support from the stakeholders. The graduate outcomes are aligned with the school's mission.

2.2 Curriculum Organisation and Structure: The school has documented the overall organisation of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. The choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

Key Questions		Criteria for Compliance	
2.2.1	What are the principles behind the school's curriculum design?	2.2.1.1	How does the school select the principles that are used for curriculum design?
		2.2.1.2	Do the principles appropriate to the school's mission, intended graduate outcomes, resources, and context of the school?
2.2.2	What is the relationship between the different disciplines of study that the curriculum encompasses?	2.2.2.1	What are the criteria identified by the school for the content of the curriculum to be relevant, important and prioritized?
		2.2.2.2	How does the school determine the scope of the content in terms of the breadth and depth of coverage and concentration?
		2.2.2.3	How does the school decide the sequence of curriculum, i.e., hierarchy, and progression of complexity or difficulty?

Key Questions		Criteria for Compliance	
		2.2.2.4	How does the school choose a particular model of curriculum based on sound and scientific judgment?
		2.2.2.5	Does the school take into consideration the local resources and the existing regulatory framework?
		2.2.2.6	Is the instructional method based on current evidence about teaching learning progress?
		2.2.2.7	Does the midwifery curriculum provide students with the necessary clinical experience to achieve the outcome of the programs?

Guidance for Assessor

The school has consciously selected principles that are used for curriculum design (i.e., social reconstructionism, essentialism, existentialism, progressivism, etc.) that are appropriate to the school's mission, intended graduate outcomes, resources, and context of the school.

The school identifies criteria consisting of relevance, importance, and priority of the content of the curriculum. The school determines the scope of the content consisting of the amount and depth of coverage and concentration. The school also decides the sequence, i.e., hierarchy and progression of complexity or difficulty. The criteria and sequence clearly demonstrate the relationship between the disciplines of study.

The school consciously chooses a particular model of curriculum based on sound and scientific judgment. The school takes into consideration the local resources and the existing regulatory framework such as including both theory and practice in clinical setting elements.

The curriculum design is carefully selected based on a sound and appropriate approach. The curriculum design is aligned to achieve the school's mission.

2.3 Curriculum Content: a) The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior midwives and for their subsequent further training. b) Content in at least four principal domains is described: basic biomedical sciences, midwifery sciences, clinical sciences and midwifery clinical skills, and relevant behavioral and social sciences

Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation. Curriculum content may vary according to school, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included: Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science; Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation; Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics. Content of other types may also be included: Health systems science which includes population health and local healthcare delivery systems;

Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines.

Key Questions		Criteria for Compliance	
2.3.1	Who is responsible for determining the content of the curriculum?	2.3.1.1	How does the school establish a committee/ unit/ team responsible for determining the content of the curriculum?
		2.3.1.2	How are internal and external stakeholders involved in formulating the curriculum content?
2.3.2	How is curriculum content determined?	2.3.2.1	What principles or methodologies are used to identify the curriculum content?
		2.3.2.2	What references at international, national, and local levels are used to determine the curriculum content?
2.3.3	What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.3.1	How does the school identify the basic biomedical sciences that are relevant to the graduate learning outcomes?
		2.3.3.2	How does the school decide the content of the biomedical sciences, time allocation, and the number of credits?
2.3.4	What elements of midwifery sciences are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.4.1	How does the school identify the health science and professional sciences that are relevant to the graduate learning outcomes?
		2.3.4.2	Does the curriculum address equality considerations, including the impact of gender inequality on women's health and the midwifery profession?
		2.3.4.3	How does the school decide the content of the midwifery sciences and time allocation?
2.3.5	What elements of clinical sciences and midwifery clinical skills are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.5.1	What content of clinical sciences and midwifery clinical skills are included in the curriculum?
		2.3.5.2	How are internal and external stakeholders involved in determining the content of clinical sciences and midwifery clinical skills?
		2.3.5.3	What references are used at global, national, and local levels to determine the content of clinical sciences and midwifery clinical skills?
		2.3.5.4	How does the school decide the time allocated for teaching and learning clinical skills?
2.3.6	In which midwifery clinical skills are all students required to gain practical experience?	2.3.6.1	Has the school identified all midwifery clinical skills that are compulsory for students to gain practical experience?
		2.3.6.2	Who decides on midwifery clinical skills that are compulsory for students to gain practical experience? What considerations are used?

Key Questions		Criteria for Compliance	
2.3.7	How are students taught to make clinical judgements in line with the best available evidence?	2.3.7.1	What methods are used to teach students to make the clinical judgement in line with the best available evidence?
		2.3.7.2	What methods are used to ensure fulfilment competency of students' clinical judgement?
2.3.8	What is the basis for the school's allocation of student time to different clinical practice settings?	2.3.8.1	How does the school manage time allocated for different clinical practice settings?
2.3.9	What elements (if any) of health systems are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.9.1	Does the school identify and list the content of the health system that is included in the curriculum?
		2.3.9.2	How do you decide the choices and time allocation for the health system sciences?
2.3.10	How do students gain familiarity with fields receiving little or no coverage?	2.3.10.1	How does the school develop community-based programs and how do you ensure the students' health and safety during their placement in the field?
2.3.11	How does the school modify curriculum content related to advances in knowledge?	2.3.11.1	How does the school evaluate their curriculum content?
		2.3.11.2	How does the school involve the internal and external stakeholders in curriculum evaluation?
		2.3.11.3	How does the school use the result of the evaluation to modify the curriculum content in relation to the advancements in knowledge?
2.3.12	How are principles of scientific methods and midwifery research addressed in the curriculum?	2.3.12.1	Who decides how these are addressed in the curriculum?
		2.3.12.2	How does the school address the principle of scientific methods and midwifery research in the curriculum?
		2.3.12.3	Who delivers these contents?
2.3.13	Which fields (if any) are elective? How are elective fields decided?	2.3.13.1	What is the procedure to decide which fields or disciplines are included in the elective?
		2.3.13.2	What is the procedure to decide which fields and disciplines are elective?
2.3.14	How is student learning assured in disciplines in which they do not get specific experience?	2.3.14.1	Does the school identify in which disciplines the students do not get specific experiences? How does the school design a substitute learning experience?
		2.3.14.2	How does the school ensure the students can learn those disciplines?

Guidance for Assessor

The school establishes a structure responsible for curriculum development. This structure coordinates representatives of departments through various recognized means to formulate the curriculum content. The structure involves internal and external stakeholders that are relevant to the school.

Curriculum content is identified based on course learning outcomes related to particular disciplines and multi-discipline. Standards of content that are formulated by professional associations or education associations at the national level should be used as the main reference. If there are no such standards, the school may develop their own standards of content using clear benchmarks. Standards of content at the international level formulated by the international professional association might be used.

The curriculum content might be determined using the following criteria:

1. **Self-Sufficiency:** This criterion means that students should be given a chance to experiment, observe, and do fields study. This system allows them to learn independently.
2. **Significance:** The subject matter or content is significant if it is selected and organized to develop learning activities, skills, processes, and attitudes.
3. **Validity:** Validity refers to the authenticity of the subject matter or content selected. The contents are not easily obsolete.
4. **Interest:** Students learn best if the subject matter is interesting, thus making it meaningful to them.
5. **Utility:** This is the usefulness of the content or subject matter. This relates to what extent the contents are needed in the future job/career and life.
6. **Learnability:** The subject matter or content must be within the schema of the learners. Teachers should apply theories in the psychology of learning to know how subjects are presented, sequenced, and organized to maximize students' learning capacity.
7. **Feasibility:** Feasibility means the full implementation of the subject matter. Students must learn within the allowable time and the use of resources available.

The school identifies health sciences (i.e midwifery science, basic biomedical sciences, biochemical sciences, biophysics, psychology science, public health, etc) and professional sciences (i.e behavioural and social sciences, humanities and arts, etc)

Coherence and consistency should be set up, therefore learning materials, such as textbooks, should be developed in line with the broader curriculum perspective that is usually defined in a curriculum framework. This is achieved by counting the 'hours of work' involved in studying for the various modules offered.

The schools have identified clinical disciplines and midwifery clinical skills in line with the graduate learning outcomes. This process involves internal and external stakeholders, including data from healthcare delivery. There is a list of clinical disciplines during the clinical phase or clinical rotation where the students gain practical experiences. The school establishes a team for the clinical phase to decide choices of clinical placements based on the graduate learning outcomes, the availability of clinical resources and clinical supervisors.

The clinical rotation planning team considers the importance and urgency of the list of midwifery clinical skills of each clinical department, as well as the availability of mixed cases in the relevant clinics/ hospital/ primary healthcare. The school decides the allocation of student time in different clinical practice settings based on the availability of each teaching hospital/ clinic or primary healthcare, as well as the availability of clinical teachers, that are considered sufficient to achieve the learning outcome at the clinical phase.

The school explains the content of the health system included in the curriculum based on the graduate learning outcome, as well as the reason for selection. The school has demonstrated that consultations with relevant external stakeholders are conducted. The school provides arguments on how the allocation of time for the health system is conducted.

The school develops community-based programs in collaboration with local health offices to place students in remote areas. The school ensures that students' health and safety are insured during their placement in remote areas.

The school has an internal quality assurance system in place where a regular review of the curriculum is conducted based on certain procedures embracing input, process, output, outcome, and impact. Appropriate numbers and representativeness of internal and external stakeholders are involved in curriculum review.

The curriculum includes principles of scientific methods and midwifery research which are accommodated in modules or blocks or subjects. Time is allocated proportionally to address this content. A specific team or unit is assigned to be responsible for modules/blocks/subjects' development and implementation.

The school explains the elective modules included in the curriculum. The school could explain the reasons for deciding which topics are needed for electives.

The school appoints a Coordinating Team in each module/block/course who is responsible for planning, developing, and implementing the curriculum to achieve the graduate learning outcome. Where students are not exposed to specific experiences, the coordinators must produce alternative experiences to compensate.

2.4 Educational methods and experiences: The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes and to support students in their own learning. Those experiences might be formal or informal, group-based, or individual, and may be located inside the midwifery school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources. Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

Key Questions		Criteria for Compliance	
2.4.1	What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?	2.4.1.1	What are the principles that the school used in selecting educational methods and experiences?
		2.4.1.2	How are these principles formulated?

Key Questions		Criteria for Compliance	
2.4.2	According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?	2.4.2.1	How does the school distribute the chosen educational methods and experiences distributed throughout the curriculum?
		2.4.2.2	Are the instructional methods in the midwifery programme based on current evidence about the teaching-learning process?
		2.4.2.3	Are there enough opportunities for student interaction with other health professions to support understanding of the multi-professional healthcare environment and facilitate interprofessional learning for collaborative practice?
		2.4.2.4	What are the mechanisms to monitor and verify the progress and documentation of each student's achievement of all required midwifery practice experiences?

Guidance for Assessor

The school has decided on principles that are used in selecting educational methods and experiences based on the educational philosophy. The principles are formulated in consultation with internal and external stakeholders, as well as experts in educational psychology.

The school explains the sound and scientific principles that are applied in deciding the educational methods and experiences throughout the curriculum.

The school demonstrates thorough analysis regarding the local context, resources, and culture in deciding which educational methods and experiences are most appropriate.

Supporting documents:

- Minutes of the curriculum committee's meeting on formulating the intended graduate's outcomes of each course (including knowledge, skills, and behaviours) based on the school's vision and missions, and the priority health problems. The outcomes can be measured using appropriate assessment.
- Curriculum book (curriculum organisation: principle, content, sequence), learning outcomes, educational methods, assessment.
- List of clinical departments for student placement
- List of teaching hospitals
- Minutes of the curriculum committee's meeting on educational methods

Criteria 3. Assessment

The school has a policy that describes its assessment practices. b) It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes. c) The policy is shared with all stakeholders.

3.1 Assessment Policy and System

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to the acquisition of the knowledge, clinical skills, and behaviours needed to be a midwife. The policy and the

system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

Key Questions		Criteria for Compliance	
3.1.1	Which assessments does the school use for each of the specified educational outcomes?	3.1.1.1	How does the school design the assessment method to be applied for each of the specified educational outcomes?
		3.1.1.2	How does the school ensure that these assessment methods meet the validity, reliability, and educational impact criteria?
3.1.2	How are decisions made about the number of assessments and their timing?	3.1.2.1	How do you decide the number of assessments and the timing to ensure the achievement of graduate educational outcomes as well as the course learning outcomes?
		3.1.2.2	How do you decide which assessments are formative or summative?
		3.1.2.3	How does the school decide about the number of assessments and their timing?
		3.1.2.4	How does the school ensure that staff and students are well informed?
3.1.3	How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?	3.1.3.1	How are the integration and coordination of assessments across the educational outcomes and the curriculum?
		3.1.3.2	How does the school develop assessment blueprint at the program level and how do you evaluate it?

Guidance for Assessor

The school uses appropriate assessment methods for each of the specified educational outcomes. The assessment methods that are used meet the validity, reliability, and educational impact criteria. The following are examples of assessment methods: The school uses various assessment types, multiple summative and formative assessments on the knowledge, skills, and behaviour for each of the educational outcomes. The school anticipates any limitation that may occur related to the suitable assessment of students' clinical skills. Policy and system should be centralized and related to the school mission, resources available, and context.

The decisions about the number and type of assessments are based on the graduate educational outcomes as well as the course learning outcomes. Both formative and summative assessments are planned in line with the stages of achievement of the learning outcomes. The timing of formative and summative assessment is decided based on the progress of learning outcome achievements. The decisions are made by the Assessment Committee and approved by the School's Authority. The policies should be shared with all students and other stakeholders.

The assessment committee develops an assessment blueprint at the program level to demonstrate the integration and coordination across the range of educational outcomes and curriculum content. The Assessment blueprint at the program level is evaluated regularly. The module team develops an assessment blueprint for each module to integrate and coordinate learning outcomes and content for each module

3.2 Assessment in Support of Learning: a) The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning. b) These formative assessments are tied to educational interventions that ensure that all students could achieve their potential

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for the purpose of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

Key Questions		Criteria for Compliance	
3.2.1	How are students assessed to support their learning?	3.2.1.1	How does the school provide feedback for students based on the result of the assessments across the curriculum?
3.2.2	How are students assessed to determine those who need additional help?	3.2.2.1	How does the school decide which students need additional help based on their assessment across the curriculum?
3.2.3	What systems of support are offered to those students with identified needs?	3.2.3.1	How does the school support the students with the identified needs?

Guidance for Assessor

The school provides feedback for summative and formative assessments. A narrative assessment such as a portfolio or logbook could be included where there is direct feedback from the teacher to student in a timely manner. During the clinical rotation, the school designs a system to guarantee that all midwifery students could obtain learning experiences and direct feedback from the clinical supervisor.

Every student has an academic counsellor who evaluates and monitors students' learning progress using a centralized system (learning management system) such as students' achievement on each module, GPA, portfolio and progresses test result. Data across all levels of education is used to identify students who need support.

School provides a student support system that is assigned to fulfill students' needs in academic issues.

3.3 Assessment in Support of Decision-Making: a) The school has in place a system of assessment that informs decisions on progression and graduation. b) These summative assessments are appropriate for measuring course outcomes. c) Assessments are well-designed, producing reliable and valid scores

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

Key Questions		Criteria for Compliance	
3.3.1		3.3.1.1	How does the school develop the blueprint for examinations?

Key Questions		Criteria for Compliance	
	How are blueprints (plans for content) developed for examinations?	3.3.1.2	Who develops the blueprint for examinations?
3.3.2	How are standards (pass marks) set on summative assessments?	3.3.2.1	How does the school apply the standard-setting procedures to establish passing mark summative assessments?
		3.3.2.2	How does the school decide on progression and graduation in all educational levels across all expected learning outcomes?
		3.3.2.3	Who makes decisions on progression and graduation in all educational levels across all expected learning outcomes?
3.3.3	What appeal mechanisms regarding assessment results are in place for students?	3.3.3.1	What is the policy/system regarding the appeal mechanism for the assessment results?
		3.3.3.2	How does the school ensure that the students are well-informed about the appeal mechanisms?
		3.3.3.3	Who is involved in implementing these appeal mechanisms?
		3.3.3.4	What happens if there are disputes between the students and the school?
3.3.4	What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?	3.3.4.1	How does the school ensure the validity and reliability of the assessment program?
		3.3.4.2	How does the school communicate your content, style, and quality of assessments to your student and other stakeholders?
3.3.5	How are assessments used to guide and determine student progression between successive stages of the course?	3.3.5.1	How does the school decide student progression between successive stages of the course?
		3.3.5.2	How does the school use the assessment results to guide and determine student progression across the program?
		3.3.5.3	How does the school provide feedback to students regarding their progression across the program?

Guidance for Assessor

Assessment blueprints are developed based on course learning outcomes. The committee applies standards-setting procedures to establish passing marks on summative assessments. The school ensures that every student who passes the summative examination meets the expected standard. The assessment system should include decisions on progression and graduation in all educational levels across all expected learning outcomes. The standards and procedures of assessment should be clearly stated, shared with students, and applied consistently.

The school has developed a policy/system regarding assessment appeal, which is clear, distributed to all students, and implemented continuously. The system includes the course organizer and faculty members who are responsible for reviewing and solving these issues. If an agreement is not reached among all the parties involved, it will be reported to a higher authority.

The school provides a system to ensure the validity and reliability of the assessment program. The school has procedures to develop and review items for each assessment program. This information is shared with the students and other stakeholders.

The course coordinators regularly evaluate and monitor students' learning progress after the formative and summative examinations. The student's progress is then informed to the students via a system that can also be monitored by their academic counsellors. Feedback should be provided by staff to improve students' achievement.

3.4 Quality control: a) The school has mechanisms in place to ensure the quality of its assessments. b) Assessment data are used to improve the performance of academic staff, courses, and the institution

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course, and the institution.

Key Questions		Criteria for Compliance	
3.4.1	Who is responsible for planning and implementing a quality assurance system for assessment?	3.4.1.1	How does the school plan and implement the quality assurance system for your assessments system?
		3.4.1.2	Who is involved in the planning and implementation of the quality assurance system for your assessments?
3.4.2	What quality assurance steps are planned and implemented?	3.4.2.1	What are the plan and implementation of the quality assurance steps?
3.4.3	How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?	3.4.3.1	How does the school collect comments and experiences about your assessment system from students, teachers, and other stakeholders?
		3.4.3.2	How does the school ensure that those comments and experiences are trustworthy?
3.4.4	How are individual assessments analysed to ensure their quality?	3.4.4.1	What are the procedures for the analysis of individual assessments to ensure their quality?
		3.4.4.2	Who is involved in developing and implementing these procedures?
3.4.5	How is data from assessments used to evaluate teaching and the curriculum in practice?	3.4.5.1	How does the school use assessment results to evaluate the teaching and the curriculum in practice?
		3.4.5.2	Who is involved in this process?
3.4.6	How are the assessment system and individual assessments regularly reviewed and revised?	3.4.6.1	What is the procedure for regular review and revision of the assessment system in individual assessments?

Guidance for Assessor

The school assigns a quality assurance and quality team who is responsible for assuring the quality of individuals as well as the program assessment. The team includes experts in assessment who plan and implement quality assurance consistently.

The quality assurance steps are planned and implemented regularly (e.g., at the end of each semester). Data obtained is then distributed to improve the performance of staff, course organizers, and institutions.

The school develops a system to collect information regarding assessment from the students, teachers, and other stakeholders (e.g., distributing a questionnaire or Google form, focus group discussion).

The quality assurance team collects, reviews, and analyses data from course organizers for each assessment regularly. Data collected included the assessment instruments, item analysis (discrimination index, difficulty index), standard setting, portfolio or logbook based on predetermined standards of competencies, alignment on writing assignments, essay questions and discussions process with rubrics.

Data from assessments are shared with staff and other stakeholders to be considered as a basis to improve the teaching and learning process as well as curriculum reform.

The school designates a quality assurance team, midwifery education unit, or assessment centre to review and revise the assessment system and individual assessments regularly.

Supporting document:

- Standard operational procedure for assessment
- Student's logbook, documents of revision on teaching strategies: assessment as student's (evaluation and monitoring student's progress) and teacher's feedback (teacher's teaching strategies)
- Procedures for remediation and counselling
- Support system algorithm
- Assessment blueprint
- Procedure of appeal mechanism
- Document of Quality Assurance systems: planning and implementation

Criteria 4. Students

4.1 Selection and Admission Policy: The midwifery school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally. Where the school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context. The following admissions issues are important in developing the policy: the relationship between the size of student intake (including any international student intake) and the resources, capacity, and infrastructure available to educate them adequately; equality and diversity issues; policies for re-application, deferred entry, and transfer from other schools or courses.

Consider the following issues for the selection process: requirements for selection, stages in the process of selection; mechanisms for making offers; mechanisms for making and accepting complaints.

Key Questions		Criteria for Compliance	
4.1.1	How is alignment determined between the selection and admission policies, and the mission of the school?	4.1.1.1	How does the school align the selection and admission policies to the mission of the school?
		4.1.1.2	Who is involved in developing the selection and admission policy?
		4.1.1.3	How does the school ensure that the implementation of the selection and admission policies is free from direct intervention from unauthorized parties?
4.1.2	How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	4.1.2.1	How does the school ensure that the selection and admission policy is in line with regulatory body or government requirements?
		4.1.2.2	What happens if they do not fit the regulatory or government requirements?
4.1.3	How is the selection and admission policy tailored to the school?	4.1.3.1	How are the selection and admission policies tailored to the school to demonstrate a commitment to non-discrimination, diversity, and inclusion.?
4.1.4	How is the selection and admission policy tailored to local and national workforce requirements?	4.1.4.1	How are the selection and admission policies tailored to local and national workforce requirements?
		4.1.4.2	Who is involved in this process?
4.1.5	How is the selection and admission policy designed to be fair and equitable, within the local context?	4.1.5.1	What are the procedures to design the selection and admission policy to be fair and equitable, within the local context?
		4.1.5.2	How are students from economically and socially disadvantaged backgrounds selected?
		4.1.5.3	How could the school guarantee that eligible midwifery candidates are admitted without prejudice or discrimination (such as age, nationality, gender, or religion)?
4.1.6	How is the selection and admission policy publicized?	4.1.6.1	How does the school disseminate the selection and admission policy to internal, and external stakeholders, and potential applicants?
4.1.7	How is the selection and admission system regularly reviewed and revised?	4.1.7.1	What are the procedures for regularly reviewing and revising the selection and admission system?
		4.1.7.2	Who is involved in these procedures?

Guidance for Assessor

The school develops student admission and selection policies in accordance with its vision and mission. An admission and selection team/committee is established to develop guidelines for implementing/ determining student admissions and selection. The committee has autonomous authority and is free from intervention.

The school considers government regulations, national accreditation standards, and university policies in developing admission policies. Based on this admission policy, the school establishes

criteria for student selection and develops procedures, such as decisions making on admission, selection, student applications, and compliance with national regulations.

The operationalization of government/ university policies is adjusted to the school, based on, capacity, number of teaching staff, infrastructure, school's vision and mission, and equality of student background.

The school develops and publishes technical standards for the admission, retention, and graduation of applicants for midwifery students in accordance with the requirements. Central and local government policies regarding the need for the health workforce. Selection and acceptance policies are tailored to the needs of health workers.

Fair and equitable selection and admissions policies according to the local context are developed based on acceptable principles. Affirmative policies are accommodated to recruit students from economically and socially disadvantaged communities.

Admission information should be publicized through information technologies with adequate capacity, such as a widely accessible website, sufficient IT support, and social media engagement. There is a clear procedure to review and improve the selection and admission system on a regular basis.

4.2 Student Counselling and Support: The midwifery school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Students might require support in developing academic skills, managing disabilities, physical and mental health and personal welfare, in managing finances, and in career planning. Consider what emergency support services are available in the event of personal trauma or crisis. Specify a process to identify students in need of academic or personal counselling and support. Consider how such services will be publicised, offered, and accessed in a confidential manner. Consider how to develop support services in consultation with students' representatives.

Key Questions		Criteria for Compliance	
4.2.1	In what ways are the academic and personal support and counselling services consistent with the needs of students?	4.2.1.1	Does the school provide an appropriate package of support that meets the academic and non-academic needs of students, such as academic and career advisor, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, a student interest, and talent development, etc?
4.2.2	How <i>are</i> these services recommended and communicated to students and staff?	4.2.2.1	How is information on services made available to staff and students?
		4.2.2.2	How does the school ensure that students and staff are aware of the availability of these student support services?
4.2.3	How do student organizations collaborate with the midwifery school	4.2.3.1	How do you ensure that students and management of student organizations are involved in developing and implementing these services?

Key Questions		Criteria for Compliance	
	management to develop and implement these services?		
4.2.4	How appropriate are these services both procedurally and culturally?	4.2.4.1	How does the school ensure that student services meet the needs of the diversity of the student population, as well as meeting the needs of the local/national culture?
		4.2.4.2	Who is involved in the provision of student services that are culturally sensitive?
4.2.5	How is the feasibility of the services judged, in terms of human, financial, and physical resources?	4.2.5.1	How does the school ensure that these services are feasible in terms of human, financial, and physical resources?
4.2.6	How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?	4.2.6.1	What are the procedures to evaluate the effectiveness of these services through a range of methods, e.g., surveys, complaints, and representative groups?
		4.2.6.2	How are changes accommodated where appropriate?
4.2.7	Is orientation to technology provided, and technological support available to students?	4.2.7.1	What student-centered technology is used during the Program of Study for all program options and locations?
		4.2.7.2	How are students at each location oriented to technologies used in the didactic component (e.g., learning management system), laboratory/simulation laboratory component, and clinical/practicum component (e.g., electronic medical record) of the midwifery courses?
		4.2.7.3	Is technology support available to students at each location? If so, what type of technology support is available?
		4.2.7.4	How do students access technological support at each location?

Guidance for Assessor

The school provides effective student services to all midwifery students to assist them in achieving program learning outcomes. All midwifery students have equal rights and receive comparable services, such as academic and career advisors, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, student interest, and talent development, etc.

The school has student service guidelines which are disseminated to students and staff which can be accessed easily.

The school has clear implementation procedures for the involvement of student organizations to carry out these services.

There are a variety of complete and appropriate service instructions/guidelines for students and staff to use according to local culture. Counselling procedures are in accordance with counselling principles (mechanism of handling) and tailored to the local cultures.

The school regularly conducts a user satisfaction survey to evaluate the student services in terms of human, financial and physical resources. The feasibility of the services is judged based on the results of the survey and complaints.

The school conducted regular reviews together with student representatives to ensure the relevance, access, and confidentiality of counselling services. Procedures for these are available.

Supporting documents

- Regulation on selection and admission policy schools: alignment with mission and accreditation/requirements, publicity, review, and revision.
- Policy, regulation, and procedures on student support.
- Policy, regulation, and procedures on student counselling.
- Supporting human resources, facilities and finances for the student support system.
- Monitoring and evaluation of student support system implementation.

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy: The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

Determining academic staff establishment policy involves considering: the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students; the distribution of academic staff by grade and experience.

Key Questions		Criteria for Compliance	
5.1.1	How did the school drive at the required number and characteristics of their academic staff?	5.1.1.1	How does the school calculate the required number and characteristics of your academic staff?
		5.1.1.2	What are the considerations in deciding the number and characteristics of your academic staff?
		5.1.1.3	How do you monitor and review the workload of your academic staff?
5.1.2	How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?	5.1.2.1	How does human resource plan to ensure staffing adequacy with the development of your school? <ul style="list-style-type: none"> a. The midwife teacher is qualified according to the ICM Definition of a Midwife. b. demonstrates competency in practice, generally accomplished with a minimum of two (2) years of clinical practice experience. c. holds a current license/registration or other forms of legal recognition to practice midwifery. d. has formal preparation for teaching or undertakes such preparation as a condition of continuing to hold the position.

Key Questions		Criteria for Compliance	
			<ul style="list-style-type: none"> e. engages in ongoing development as a midwifery practitioner, teacher/lecturer, and leader. f. is an advocate within the program and profession; and g. contributes to developing, implementing, and evaluating the curriculum.
		5.1.2.2	<p>The midwifery clinical preceptor/clinical teacher is qualified according to the ICM Definition of a Midwife.</p> <ul style="list-style-type: none"> a. demonstrates competency in practice, generally accomplished with a minimum of 2 years of full-scope practice. b. maintains competency in both midwifery practice and teaching competencies. c. holds a current license/registration or other forms of legal recognition to practice midwifery; and d. has formal preparation for clinical teaching or undertakes such preparation as a condition of continuing to hold the position.
		5.1.2.3	How does the school ensure that there is an alignment between the number and characteristics of the academic staff with the design, delivery, and quality assurance of the curriculum?
		5.1.2.4	Are individuals from other disciplines who teach in the midwifery programme qualified in the content they teach?
		5.1.2.5	Is the ratio of midwifery students to clinical preceptors/teachers based on the learning context and the needs of the students?
		5.1.2.6	Does The midwifery programme have adequate human resources to support the administration and delivery of programme activities, such as student placements, theoretical and applied learning, curriculum development, etc?

Guidance for Assessor

The school has procedures on how to analyse the required number and qualification of the academic staff based on the number of the student body, the designed curriculum, the burden of research activities, community services (if any), training programs, alignment of discipline mix as well as managerial responsibilities. The school analyses and decides the optimal academic staff to student ratio and evaluates it regularly. The workload of the academic staff is monitored and reviewed systematically. The methods to monitor and review the workload are known to all academic staff. The school has a manpower plan for academic staff and supporting staff based on those analyses, implementing the plan, evaluating the progress, and reviewing it regularly. The schools also consider the qualification of midwifery teachers both in the school and in clinics, in regard to their competence, license and formal preparation as teachers.

The school has a human resources policy covering the characteristics of the academic staff to be aligned with the design, delivery, and quality assurance of the curriculum. The manpower plan is adequate to implement the curriculum, including its development of education programs and the missions of the school, staff development, and continuing education and regeneration plan of the existing academic staff.

5.2 Academic Staff Performance and Conduct: The school has specified and communicated its expectations for the performance and conduct of academic staff.

Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service. Develop a code of academic conduct in relation to these responsibilities.

Key Questions		Criteria for Compliance	
5.2.1	What information does the school provide for new and existing academic staff and how is this provided?	5.2.1.1	How does the school disseminate information on the responsibilities of academic staff for teaching, research, and services for the new and existing academic staff?
		5.2.1.2	How does the school disseminate the expectations of performance and codes of conduct to the new and existing academic staff?
5.2.2	What induction training does the school provide for academic staff?	5.2.2.1	How does the school conduct the induction training for your new academic staff?
		5.2.2.2	How does the school arrange induction programs for academic staff?
		5.2.2.3	What are the contents of the induction programs?
		5.2.2.4	Does the training and development plan reflect the university and study program's mission and objectives?
		5.2.2.5	How does the school evaluate and review its training programs?
5.2.3	How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum	5.2.3.1	How does the school prepare their academic staff, teachers, and clinical preceptor/clinical teacher: in the clinical setting to deliver the proposed curriculum?
		5.2.3.2	How does the school ensure the academic staff, teachers, and clinical preceptor/clinical teacher: are ready to implement the purpose curriculum?
5.2.4	Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	5.2.4.1	What are the procedures for academic staff performance appraisal?
		5.2.4.2	Who is responsible to carry out these procedures?
		5.2.4.3	What are the policy and procedures for monitoring and reviewing the academic staff performance and conduct?
		5.2.4.4	What are the policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal for the staff?

Key Questions		Criteria for Compliance	
		5.2.4.5	Are the policies and procedures clearly understood?
		5.2.4.6	How could the staff get regular and sufficient information related to their responsibilities, benefits, and remuneration?
		5.2.4.7	What are the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards and tenure?
5.2.5	Are the policies for midwifery faculty and staff comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization?	5.2.5.1	How do the policies for midwifery faculty and staff enable the sustainability of their welfare?
		5.2.5.2	How do the policies are in place to provide for the welfare of faculty and staff at each location?
		5.2.5.3	How do the policies for midwifery faculty and staff the same at each location as the policies for non-midwifery faculty and staff within the governing organization?

Guidance for Assessor

The school provides information on the school's policies regarding human resource policy and other related policies. For the existing academic staff, the school provides (for example) scholarships, travel grants, research grants, and publication grants as required.

The school organizes induction programs on a regular basis. The contents of the induction program are government policies in teaching, research, and community services. The training and development plan reflects the university and study program's mission and objectives. The training programs are evaluated and reviewed regularly.

The school organizes faculty development programs, which are operated by the midwifery education unit. Academic staff, teachers and supervisors who are responsible to deliver the curriculum in the clinical phase are obliged to attend the training in the clinical curriculum. The midwifery education unit designs the training in accordance with the needs and the roles.

The school has procedures for staff performance appraisal. The school has the authority and structure to carry out these procedures. The roles and relationships of academic staff members are well-defined and clearly understood by all academic staff. The policy and procedure are clearly understood by all the relevant parties. A system for the responsible unit (e.g., the Head of Department towards the members of the department) to carry out the evaluation is set and well known by all the staff. Each staff must prepare an annual plan including the key performance indicators which are monitored, evaluated, and reviewed systematically. The school also has clear policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal. The policies and procedures are clearly understood by all academic staff. The school ensures that all the staff will get regular and sufficient information related to their responsibilities, benefits, and remuneration. The school has policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards, and tenure.

5.3 Continuing Professional Development for Academic Staff: The school implements a stated policy on the continuing professional development of its academic staff.

Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

Key Questions		Criteria for Compliance	
5.3.1	What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?	5.3.1.1	What is the school plan for the professional development program and career pathway for the academic staff?
		5.3.1.2	How is the plan socialized to the academic staff?
		5.3.1.3	What are the considerations for the development program and career pathway?
		5.3.1.4	What is the development program for the tenure academic staff?
		5.3.1.5	Who is involved in the development program of the junior/new academic staff?
		5.3.1.6	How does the school review and evaluate the program?
		5.3.1.7	What are the considered aspects in the development program?
		5.3.1.8	How does the school support and accommodate the professional development of the academic staff?
5.3.2	How does the school take administrative responsibility for the implementation of the staff's continuing professional development policies?	5.3.2.1	How does the school monitor, evaluate and review the continuing professional development program of the academic staff?
		5.3.2.2	How could the school appraise and reward the academic staff related to their continuing professional development?
5.3.3	What protected funds and time does the school provide to support its academic staff in their continuing professional development?	5.3.3.1	How could the school support its academic staff in their continuing professional development?
		5.3.3.2	What are the policies for this?
		5.3.3.3	How could the academic staff understand the policy and procedure clearly?

Guidance for Assessor

The school has a professional development program and career pathway for the academic staff. The program and pathway are socialized with the newly recruited and the existing academic staff. The development program and career pathway are based on the merit system and performance evaluation. Each tenure academic staff has a developed program and career pathway. The development program involves senior academic staff in mentoring and/or training the junior/new academic staff. The

program is regularly evaluated and reviewed. The development program is designed by taking the curriculum development and its institutional roadmap, research, and community services into account.

The school accommodates and supports the continuing professional development of the academic staff, including pursuing additional or higher academic degrees deemed suitable.

The school monitors, evaluates and reviews the continuing professional development program of the academic staff. The school has a system of appraisal and rewards for academic staff related to their continuing professional development.

The school has policies to support its academic staff in their continuing professional development. The school provides funds and permits for continuing professional development. The policy and procedure of the support are clearly understood by the academic staff.

Supporting documents

- Manpower plan according to the needs of each discipline and scientific development
- Policy and procedures for staff's development
- Minutes of meetings and list of attendance during the development of the manpower plan
- Mapping of the discipline of the curriculum
- Form for monitoring and evaluation of academic staff performance, sampled a filled-in form from several academic staff, the result of performance appraisal.
- Induction training program report
- Reports of the training programs for new and existing academic staff members.
- Summary of the professional development of the academic staff

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training: The school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

Key Questions		Criteria for Compliance	
6.1.1	How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?	6.1.1.1	How does the school ensure that the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum is adequate – including for people with special needs?
		6.1.1.2	How does the school ensure that the laboratory and equipment are up to date, in good condition, readily available, and effectively deployed?
		6.1.1.3	How does the school ensure that digital and physical library resources are sufficient, up to date, well-maintained and readily accessible?

Key Questions		Criteria for Compliance	
		6.1.1.4	How does the school ensure that the students' safety and security systems are in place at all locations?
6.1.2	Is it appropriate or necessary to supplement or replace classroom teaching with distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?	6.1.2.1	How does the school decide whether distance or distributed learning methods are necessary to replace or supplement classroom teaching?
		6.1.2.2	How does the school ensure that once you decide to employ distance learning for classroom teaching you are able to offer a commensurate level of education and training?

Guidance for Assessor

The classroom is shown to be sufficient, in good condition and up to date in terms of all types of classrooms and meeting space. The number of faculty offices is sufficient, in good condition and up to date. The number of laboratories and equipment are adequate and shown to be up to date, in good condition, readily available, and effectively deployed. The school provides digital and physical library resources that are sufficient, up to date, well-maintained and readily accessible. Library services are supervised by professional staff. There is a policy and facility for access for people with special needs. The physical, social, and psychological environment supports education, research, and community involvement programs. The number and competencies of the support staff are shown to be sufficient. There are excellent quality facilities (library, laboratory, IT, and student services)

Students are allowed to access the facilities over working hours to study. There are adequate facilities used for teaching and assessment of students' clinical and procedural skills with an adequate scheduling program. There are significant changes in facilities for education and/or research anticipated by the midwifery school over the next three years, especially if there will be an increase in class size soon. There are adequate security systems in place at all locations to ensure student safety and address emergency and disaster preparedness. Student support services are subjected to monitoring, evaluation, and enhancement. The budget is sufficiently provided for facilities and infrastructure development, maintenance, and enhancement.

Distance or distributed learning methods to replace or supplement classroom teaching are limited to lectures and implemented during certain conditions only (pandemic, disaster, etc.). Lectures are delivered by members of the faculty, on average lectures last two hours. Lecture materials are available to all students participating in distance learning teaching. When needed, lectures are followed by an online discussion group. Lectures are recorded and uploaded into the system to be available as podcasts. IT support is available via the online IT help desk. Examination and assessment of the distance or distributed learning process is part of the student development assessment. The online platform is designed to be user-friendly, enjoyable to use, very accessible, and includes all the familiar online functions and capabilities including tutorials and seminars, study forums, libraries, journals, course content, videos, etc.

6.2 Clinical Training Resources: The school has appropriate and sufficient resources to ensure that students receive the required clinical training.

Consider the facilities that are required to provide adequate training in clinical skills, and an appropriate range of experience in clinical practice settings, to fulfill the clinical training requirements of the curriculum.

Key Questions		Criteria for Compliance	
6.2.1	What range of opportunities are required and provided for students to learn clinical skills?	6.2.1.1	What opportunities are provided for students to learn clinical skills?
		6.2.1.2	How does the school ensure that all students have equal access to learning opportunities for clinical skills on campus and outside campus?
		6.2.1.3	How does the school ensure that the facilities and infrastructure for learning clinical skills are well maintained and up to date?
6.2.2	What use is made of skills laboratories and simulated patients, and of actual patients in this regard?	6.2.2.1	How does the school utilize skills laboratories, simulated patients, and actual patients for learning clinical skills?
		6.2.2.2	How does the school ensure that the skills laboratories, simulated patients, and actual patients support the acquisition of students' clinical skills?
		6.2.2.3	What clinical skills are learnt using skills laboratories, simulated patients, and actual patients?
6.2.3	What is the basis of the policy on the use of simulated and actual patients?	6.2.3.1	What policies are used as the basis for the use of simulated and actual patients?
		6.2.3.2	How have these policies been developed?
		6.2.3.3	Who is involved in the development of these policies?
6.2.4	How does the school ensure that students have adequate access to clinical facilities?	6.2.4.1	What clinical facilities can be utilized by students for clinical clerkships?
		6.2.4.2	How does the school ensure that your School has guaranteed and sustained access to these clinical facilities?
		6.2.4.3	How does the school organize the students' access to the clinical facilities to support the achievement of intended learning outcomes?
		6.2.4.4	How does the school monitor and evaluate these clinical facilities?
6.2.5	What is the basis for the school's mix of community-based and hospital-based training placements?	6.2.5.1	How does the school decide the mix of community-based and hospital-based training placements in the school's clinical phase?
		6.2.5.2	Who is involved in making this decision?
6.2.6	How does the school engage clinical teachers and supervisors in the required range of practice settings?	6.2.6.1	How does the school recruit clinical preceptors/clinical teachers in the required range of generalist and specialist practice settings?
		6.2.6.2	How does the school ensure that clinical teachers and supervisors understand their roles

Key Questions		Criteria for Compliance	
			and responsibilities in relation to students learning in practice settings?
		6.2.6.3	How does the school maintain engagement with clinical teachers and clinical preceptors/clinical teachers?
6.2.7	How does the school ensure consistency of curriculum delivery in clinical settings?	6.2.7.1	How does the school ensure that all clinical teachers and clinical preceptors/clinical teachers understand the school's curriculum?
		6.2.7.2	How does the school organize the curriculum delivery in clinical settings to achieve consistency?
		6.2.7.3	How does the school ensure that the curriculum delivery in clinical settings is effective?

Guidance for Assessor

The school's affiliated clinical teaching facilities and information resources are of sufficient size, quality, and accessibility to serve the needs of the school to fulfil its mission. The clinical affiliation agreement at least should describe responsibility of the institution, the responsibility of the facility, the application of the rules and procedures of the facility, student and faculty status, student removal, term and termination, non-discrimination and anti-harassment, liability, and governing law. The midwifery school and clinical teaching facilities affiliates ensure that all midwifery students have access to needed facilities such as classrooms, study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate during overworking hours. All clinical teaching sites (both inpatient and ambulatory) that will be used for core clinical clerkships for the first cohort of midwifery students have been identified. The midwifery school will ensure that the volume and mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

The school has adequate numbers and types of clinical skill laboratories dedicated to the teaching of clinical skills. These skills laboratories should help to ensure that all students acquire the necessary techniques and are properly assessed before practicing on real patients. The school has a monitoring and evaluation program which shows that the skill laboratories support the acquisition, maintenance, and enhancement of the clinical skills of students. The term 'clinical skills' involves history-taking, physical examination, clinical investigations, using diagnostic reasoning, procedural perfection, effective communication, teamwork, and professionalism.

The basis of the policy on the use of simulated patients is patient safety and the enhancement of student self-learning. Simulation is an important component of the clinical and communication skill centres and clinical skills laboratories and encourages self-learning. Clinical skills laboratories have been designed to support the intended learning outcome and to form an integral part of the overall curriculum. The school has developed various types of simulators which include part-time trainers, simulated patients and environments, computer-based systems (multimedia programs, interactive systems, virtual reality) and integrated simulators. The use of clinical skill laboratories does not replace but rather complements bedside teaching in health care facilities. Prioritize patient safety in appointing simulated patients in the clinical skills training.

The school has identified all clinical teaching sites (both inpatient and ambulatory) that will be used for clinical clerkships. There is a written agreement between the institution and all clinical affiliates that are used regularly for required clinical clerkship. The school has a comprehensive plan of clerkship program for students in all clinical teaching sites which supports the intended learning outcome. The clerkship program has been designed and developed in cooperation with teaching hospitals and other clinical teaching sites which cover all clinical services. If there are any students from other health professions programs or residents that also use these facilities the midwifery school has a policy as to how scheduling conflicts are resolved. The midwifery school has mandatory requirements and documents to access hospital wards for students participating in clinical clerkship. The school has information for inpatient and outpatient services used for all required clinical clerkships at each hospital. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. The midwifery school has data and information on the mix of inpatient and ambulatory settings used for required clinical clerkships shown to be adequate in the numbers and types of patients in each competency. The school has a policy and implements a monitoring and evaluation program for clerkship programs. Students, faculty, hospitals, and other clinical teaching site staff feedback is available.

The midwifery school has a community-based education and services program to expose midwifery students early in their training and throughout their education to the public health and primary healthcare needs of communities. The program has been designed and developed to support the intended learning outcome in public health and community health. The program also aims to create awareness among students of the importance of developing community partnerships to implement sustainable healthcare initiatives. The school considered community-based training placements to be important to provide situated or contextual learning. The faculty shows a strong commitment to community-based training by providing sufficient resources for the program.

The school has a policy that helps improve high quality staff recruitment, retention and performance by providing clear mission, feedback and career development support and well-defined staff role and expectation. The school encourages staff participation in decision- making related to midwifery education programs including but not limited to policy making discussion. All midwifery school members work closely together in teaching, research, and health care delivery. The midwifery school is part of a university offering other graduate and professional degree programs that contribute to the academic environment of the midwifery school. The midwifery school has an effective curriculum committee that oversees the planning, implementation, monitoring, and evaluation of educational programs. The academic staff is responsible for the planning and implementation of the components of the curriculum. There is evidence of effective curriculum management. The educational program for all midwifery students remains under the control of the midwifery school's faculty. Written affiliation agreements provide assurance of midwifery student and faculty access to appropriate resources for midwifery student education.

6.3 Information Resources: The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching, and research.

Key Questions		Criteria for Compliance	
6.3.1	What information resources are required by students, academics, and researchers?	6.3.1.1	How does the school identify the need for information resources for students, academics, and researchers?
		6.3.1.2	How does the school ensure that the information resources are up to date and well maintained?
6.3.2	How are these provided?	6.3.2.1	How does the school provide information resources required by students, academics, and researchers?
6.3.3	How is their adequacy evaluated?	6.3.3.2	How does the school monitor and evaluate information resources that serve the needs of the students, academics, and researchers?
		6.3.3.3	How does the school improve, update, and renew the information resources?
6.3.4	How does the school ensure that all students and academic staff have access to the needed information?	6.3.4.1	What are the procedures for students and academic staff to get access to the needed information?

Guidance for Assessor

Students, academics, and researchers require various resources. The information technology systems are up to date and well maintained to meet the needs of staff and students.

A digital library is shown to be set up, in keeping with progress in information and communication technology. The school provides ready access to well-maintained library resources sufficient in the numbers and variety of textbooks, journals and other sources and technology to support its educational and other missions. The university is shown to provide highly accessible digital resources and network infrastructure.

The institution implements a program of regular monitoring, evaluation, and feedback regarding information resources from students, academic staff, and administration. The library and information centres have built up collection, management, and dissemination of information resources to meet the needs of academic, research and administrative users. A policy and plan are in place for continuous improvement, updating and renewal of adaptive information resources.

The quality of the facilities is shown to be subjected to evaluation and enhancement. Library services are supervised by a professional staff that is responsive to the needs of the midwifery students, faculty members, and others associated with the institution. The library has opening hours sufficient for students to have ready access to its resources. Information technology staff with appropriate expertise are available to assist students, academic staff, and administration. Students have full access to electronic resources in any setting.

6.4 Financial Resources: Financial resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

Key Questions		Criteria for Compliance	
6.4.1	How to support funding sources for school (e.g., tuition fees, other fees, and grants)?	6.4.1.1	How are the school having sufficient and sustainable financial resources to support the program at all locations and for all delivery methods?
6.4.2	How has the source and/or amount of funding changed over time	6.4.2.1	How do sources and/or amounts of school funding change from time to time?
6.4.3	How do organizations and/or schools ensure adequate funding for the sustainability of education programs?	6.4.3.1	How are efforts by regulatory organizations and/or schools to ensure adequate funding for the sustainability of educational programs?
6.4.4	How does the school allocate the budget for midwifery programs and unit management?	6.4.4.1	How sufficient is the total budget for midwifery programs and unit management?

Guidance for Assessor

It is necessary to describe funding sources for schools (e.g., tuition fees, other fees, and grants) to support the schools and to ensure that those sources could potentially be sustainable financial resources. Midwifery schools should also provide information about the fluctuation of sources of funding within specific periods and how are the strategies implemented for the sustainability of education programs.

Supporting documents

- List of physical infrastructure
- List of other learning supporting systems. Learning Management System, Internet speed
- List of academic hospital networks and teaching clinics
- List of facilities in the academic hospitals and Teaching Clinics (discussion rooms, room for night shift, library, etc.)
- List of mannequins available for clinical skill training of the students
- List of standardised patients, report of the training of the standardised patients
- List of training and its reports of the clinical teachers and preceptors
- List of databases of available journals
- Forms for evaluation and feedback from students and academic staff and administration for available information resources
- Facilities to access information resources
- Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, faculty, staff, associates, and employer of the alumni).
- Data on the results of satisfaction surveys for adequateness, quality and access to physical facilities and equipment and information resources for education and clinical training.

Criteria 7. Quality Assurance

7.1 The Quality Assurance System: The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices. Design and apply a decision-making and change management structure and process, as part of quality assurance. Prepare a written document that sets out the quality assurance system.

Key Questions		Criteria for Compliance	
7.1.1	How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?	7.1.1.1	How are the methods used in the internal quality assurance system which includes the PDCA cycle?
		7.1.1.2	How are the needs and expectations of interested parties identified?
		7.1.1.3	How has the internal quality assurance system been established, implemented, maintained, and continuously improved?
		7.1.1.4	What are the processes required for the quality management system and their application throughout the organization?
		7.1.1.5	How does the school determine the sequence and interaction of these processes?
		7.1.1.6	How does the school determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes?
		7.1.1.7	How does the school determine the resources required for this process and ensure their availability?
		7.1.1.8	How does the school assign responsibilities and authorities for these processes?
		7.1.1.9	How does the school address risks and opportunities?
		7.1.1.10	How does the school evaluate these processes and implement any necessary changes to ensure that these processes achieve the desired result?
		7.1.1.11	How does the school provide and disseminate information to the public?
7.1.2	How is responsibility for the implementation of the quality assurance system clearly allocated between the administration,	7.1.2.1	How does the board of management assign responsibility and authority to ensure that the quality management system complies with the requirements of standards that are used?

Key Questions		Criteria for Compliance	
	academic staff, and educational support staff?	7.1.2.2	How does the board of management ensure that reporting on the performance of the quality management system and opportunities for improvement have been established?
		7.1.2.3	How does the board of management ensure that the integrity of the quality management system is maintained?
		7.1.2.4	What are the changes that occur when the quality management system is planned and implemented?
		7.1.2.5	How does the board of management provide the people needed for the effective implementation of its quality management system and the operation and control of its processes?
7.1.3	How are resources allocated to quality assurance?	7.1.3.1	How does the school identify resources needed for the implementation, maintenance, and continuous improvement of the quality assurance system?
		7.1.3.2	How does the school justify that the allocated resources are sufficient?
7.1.4	How has the school involved external stakeholders?	7.1.4.1	How does the school identify the relevant external stakeholders for the quality management system?
7.1.5	How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?	7.1.5.1	How is program Evaluation and Quality Improvement running?
		7.1.5.2	How does the school utilize the results of the quality assurance system to identify, review and control changes made during, or after, the design and development of educational programs?
		7.1.5.3	How does the school evaluate the performance and effectiveness of the education program?
		7.1.5.4	How does the school identify and select opportunities for improvement and implement any necessary actions to meet stakeholder needs and increase stakeholder satisfaction?

Guidance for Assessor

It is advisable for the institution to explain the method used which includes the PDCA cycle:

- the organisation explains whether it understands the needs and expectations of interested parties.
- the organisation should explain the scope of the quality management system.
- the organisation should explain that it has established, implemented, maintains, and continuously improves a quality management system, including the necessary processes and their interactions, in accordance with the requirements of the Standard.

d. the organisation should describe the processes required for the quality management system and their application throughout the organisation,

- determine the required inputs and expected outputs from the process.
- determine the sequence and interaction of these processes.
- determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes.
- determine the resources required for this process and ensure their availability.
- assign responsibilities and authorities for this process.
- address risks and opportunities evaluate this process and implement any necessary changes to ensure that this process achieves the desired result.

Top management should assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards. Top management should ensure that reporting on the performance of the quality management system and opportunities for improvement for top management have been established. Top management should ensure that the integrity of the quality management system is maintained. When changes occur to the quality management system is planned and implemented. Top management should explain how to determine and provide the people needed for the effective implementation of its quality management system and for the operation and control of its processes.

The school explains how the implementation, maintenance and continuous improvement of resources is carried out. The school determines the external stakeholders relevant to the quality management system.

The school identifies, reviews and controls of changes made during, or after, the design and development of educational programs. The school evaluates the performance and effectiveness of the quality management system. The school retains appropriate documented information as evidence of results. The school identifies and selects opportunities for improvement and implements any necessary actions to meet customer needs and increase customer satisfaction.

Supporting Documents

- Organisation chart of the internal quality assurance system
- Policy and procedures of quality assurance of the midwifery school and quality standard
- Reports on the internal quality audit
- Resources allocated to quality assurance.
- Minutes of meetings and reports of the involvement of the external stakeholders in the quality management system.
- Follow-up documents on the quality assurance feedback for continuous quality improvement.

Criteria 8. Governance and Administration

8.1 Governance: The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions, and ensures the stability of the institution.

Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities, and reporting lines. Ensure that the school has a risk management procedure.

Key Questions		Criteria for Compliance	
8.1.1	How and by which bodies are decisions made about the functioning of the institution?	8.1.1.1	Which bodies are responsible for decisions made related to the functioning of the school?
		8.1.1.2	How do the school bodies make decisions on the functioning of the school?
		8.1.1.3	Does the head of the programme is a qualified midwife teacher with experience in management/administration?
		8.1.1.4	Does the head of the midwifery programme advocate for the midwifery programme and profession (In other words, engages with key stakeholders such as government, community groups, professional associations, and other professions)?
8.1.2	How does the school govern the teaching, learning, and research in the institution?	8.1.2.1	How are the teaching-learning and research activities governed by the school?
		8.1.2.2	Who is responsible for managing teaching-learning and research activities
8.1.3	How is the budget aligned with the mission of the school?	8.1.3.1	How does the school make alignment between budget allocations with the mission of the school?
8.1.4	How does the strategy review the performance of the school?	8.1.4.1	Which body is responsible for reviewing the performance of the school?
8.1.5	How are the risks identified and mitigated?	8.1.5.1	What kind of mechanisms does the school identify and mitigate all risks which may occur during teaching-learning, research, and budget allocation?

Guidance for Assessor

School has an appropriate organizational structure of governing board, school administrator and faculty members that describe their function related to teaching, learning, research, and resource allocation. This structure is transparent and can be accessed by all stakeholders and aligns with the university's vision and mission. The school provides policies, procedures, and regulations to prevent conflict of interest at the level of governing administration and faculty members. The head of midwifery schools is a qualified midwife teacher with experience in management/administration and engages with key stakeholders such as government, community groups, professional associations, and other professions)

Teaching, learning, and research are governed by a body and its committee structures. All members of the committee have responsibilities for planning, implementing, monitoring-evaluating, and reporting all activities regarding teaching, learning, and research from team members-committee chairman.

The budget allocation is developed based on the mission of the school related to teaching, learning, and research activities; accessible and transparent.

There is a body (under the university) that is assigned to review the performance of the school periodically e.g., Internal Quality Assurance Body.

The school develops a risk management system including risks in clinical settings outside the school to identify and mitigate all risks which may occur regarding the activities of teaching, learning, research, and resource allocation.

8.2 Student and academic staff representation: The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comments on them. Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

Key Questions		Criteria for Compliance	
8.2.1	To what extent and in what ways are students and academic staff involved in the school's decision-making and functioning?	8.2.1.1	How are the students and academic staff involved in school decision-making and functioning?
8.2.2	What, if any, social or cultural limitations are there on student involvement in school governance?	8.2.2.1	What are the limitations regarding socio-cultural aspects of student involvement in school governance?

Guidance for Assessor

The school involves students and staff in midwifery education programs (e.g., curriculum revision, student assessment) and institution management (governance: school decision-making and functioning) to improve the quality of the school.

There is no obstacle to socio-cultural aspects of student involvement in school governance. Students are given the opportunity to freely sound their thinking and argumentation.

8.3 Administration: The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

Develop a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

Key Questions		Criteria for Compliance	
8.3.1	How does the administrative structure and process support the functioning of the institution?	8.3.1.1	What are the roles of the administrative structure in supporting the functioning of the school?
		8.3.1.2	What are the roles of the decision-making process regarding the functioning of the school?
8.3.2	What is the reporting structure for administration in relation to teaching, learning, and research?	8.3.2.1	How does the school design the administrative reporting structure on teaching-learning and research programs/activities?
8.3.3	How does the administrative structure support the functioning of an institution?	8.3.3.1	What is the role of administrative structure in the school's function?
8.3.4	How does the decision-making process support the functioning of the institution?	8.3.4.1	How do you exercise the decision-making process?
		8.3.4.2	How do these support the functioning of the institution?
		8.3.4.3	How are the students and academic staff involved in school decision-making and functioning?

Guidance for Assessor

The administrative structure is designed by the institution based on its need and function in supporting the school. Schools provide appropriate administration staffing to be able to plan and develop programs including developing policy and review processes to warrant adequate and efficient administrative matters.

The school conducts regular meetings involving all governing boards, academic staff, students, and other stakeholders to plan, implement, evaluate, and take any action regarding school activities and operations so that the institution can function appropriately.

The reporting structure for administration in relation to teaching, learning, and research includes administrative, staff, budget, outcomes, and obstacles (plan and realization).

Supporting Documents

- Organisation chart of the management and administration of the school
- Standard operating procedure for budget allocation
- Report on the school performance review
- Document on risk identification and mitigation
- Reports on students and academic staff in decision-making and functioning. Minutes of meetings of the discussion
- Standard operating procedure for the decision-making process.
- Standard operating procedure for reporting teaching, learning and research.

Chapter 2. Guidance for Self-Evaluation Report

This chapter describes how to conduct self-evaluation, write a self-evaluation report, and identify supporting documents. The school needs to read them thoroughly to produce a readable Self-Evaluation report and a well-prepared survey visit.

2.1 How to conduct Self-Evaluation Activities

The purpose of an external quality evaluation is to determine the status of the midwifery school in complying with the IAAHEH standard on the quality of education of a midwifery school. The process of evaluation includes studying a written self-evaluation report of the school.

In order to conduct an objective and accurate self-evaluation, a series of activities need to be carried out by the school and coordinated by the accreditation team. The school will obtain data and information that will be used as tools to evaluate themselves. All findings will be written as a self-evaluation report.

A self-evaluation report needs to represent the real condition of the school, specifically in the education process and to what extent the school may maintain compliance with the IAHEH standards. Therefore, a series of steps need to be conducted by the school and lead by the accreditation team of the school.

The following steps are carried out by the team, as follows:

- To identify the people whom, they need to communicate with in exploring the information.
- To collect all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students (including recent tables), faculty members and their academic performance and the future expectation related to the vision achievement.
- To study the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the school in managing the education process which could be compared with the strategic plans of the school. A series of interventions to manage the issues is identified as well.
- To schedule several meetings with internal and external stakeholders to gain accurate information by exploring their perception of how far they perceive on the quality of education offered by the school.
- To identify and analyse the strengths, weaknesses, opportunities, and threats and how the team uses these data in developing a plan toward a better perceived quality of education. A process of planning/determining, implementing, evaluating, controlling and improvement of the education program needs to be reflected in the process of self-evaluation activities and be presented as a Self-Evaluation Report.

2.2 Guidance of Writing a Self-Evaluation Report (Preliminary and Final)

Following the activities of self-evaluation, a written report needs to be designed by the accreditation team of the school. There are two steps to writing a Self-Evaluation Report (SER), namely: Writing a preliminary self-evaluation report and a final Self-Evaluation Report. The preliminary SER is a FIRST DRAFT of SER which is like the final SER. The report is liable to

change based on the feedback of the trainers. The structure and content are the same as the final SER (*refer to the information below as follows*).

2.2.1 Introduction

Self-evaluation is the process of an organisation collecting comprehensive data about its own activities and achievements without any external assistance or pressure. Self-evaluation is undertaken within the given time-limits and for a specific purpose. Self-evaluation in a higher education school is a thoughtful analysis of all components of the study program, compared against agreed and accepted standards. The analysis should draw on the expertise of the school and its local environment. It represents the opportunity to appreciate the strengths of the school and to identify areas for improvement. This needs to be a formal part of quality assurance that provides the opportunity to record and document changes and improvements in a school.

The purpose of self-evaluation is to elicit the school's description and analysis of itself, and its program in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognised as an important planning instrument to enable the school to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its program.

An effective self-evaluation is time-consuming as it requires effort and time. However, the gains from a good self-evaluation are invaluable. It gives information and facts about the quality assurance system and provides a platform for stakeholders to discuss issues on the quality of education.

There are very many reasons for undertaking a self-evaluation as follows (Banda, et al., 2016):

- a. For improvement:
 - Identifies and specifies problems.
 - Identifies and specifies possible causes and means to change.
 - Identifies avenues for change and improvement.
 - Providing information that may not normally be evident (such as localised innovative practices in teaching and learning)
- b. For accountability:
 - If there are external standards set by accreditation bodies, you may want to know how well you are achieving them.
 - Or a self-evaluation might be part of the entire review process and required by the external body. In this case, though, you should aim to understand, evaluate, and improve, not simply describe and defend.
 - To find solutions to a known problem:
 - Where problems have been highlighted or indicated, a self-evaluation can address these and help you to understand the context – for example, students might not be achieving their course objectives as well as expected, or teachers might have raised concerns about their programs.
 - Verifying those processes are in place, and whether these are operating effectively.
 - Providing evidence of quality processes in place
 - Enabling self-identification of improvement gaps and development of associated strategies to address these prior to external audit.
- c. As part of the school's managerial process:
 - Self-evaluation allows you to look at your educational program and services.
 - You should pay particular attention to the student's experience, particularly to their learning and performance. You will be able to assess how well you are meeting your educational goals and any external standards which apply to your school.

- Self-evaluation allows evidence-based educational planning and management.
 - You will experience the greatest benefit if the self-evaluation process becomes part of the school's regular planning cycle.
- Determining whether existing policies and procedures are effective in meeting schoolable goals and identifying any gaps.
- Enhancing understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes
- Disclosing weaknesses and forcing a confrontation
- Promoting honest communication
- Encouraging benchmarking, internally and/or externally
- Identifying activities that are misaligned with organisational goals/objectives.
- Promoting an evidence-based culture

Two principles that relate to the assessment process are:

- Independence as the basis for the impartiality and objectivity of the assessment conclusions.
- Evidence as the rational basis for reaching reliable and reproducible assessment conclusions in a systematic assessment process. Evidence is based on records and statements of fact or information which are relevant to the assessment criteria and are verifiable.

Adherence to these fundamental principles is a prerequisite for providing a reliable and relevant assessment process and outcome. The following considerations should be made before carrying out a self-assessment:

- Management must fully support the self-assessment and provide access to relevant information that is needed for an effective quality assurance system. The self-assessment serves to acquire structural insight into the operation and performance of the school.
- Gaining management support to carry out a self- assessment is not enough. The whole organisation must prepare itself for the self-assessment. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the school. Staff members should be made responsible for the quality and all staff should be involved in the self-assessment.
- Writing a critical self-evaluation of the quality assurance system demands good organisation and coordination. Primarily, someone must lead and coordinate the self-assessment process. The chosen leader should have good contacts within the school including key management staff, faculty, and support staff; have access to obtain the required information at all levels; and have the authority to make appointments with stakeholders.
- It is desirable to install a working group in charge of the self-assessment. It is important that the group is structured in such a way that the involvement of all sections is assured. The working group should oversee the self-assessment, gathering and analysing data and drawing conclusions.
- As it is assumed that the self-assessment is supported by the school, it is important that all staff members should be acquainted with the contents of the SAR. The working group might organise a workshop or seminar to discuss or communicate the SAR.

2.2.2 Conducting Self-Evaluation

Figure 1 Illustrates the approach for preparing a self-assessment which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

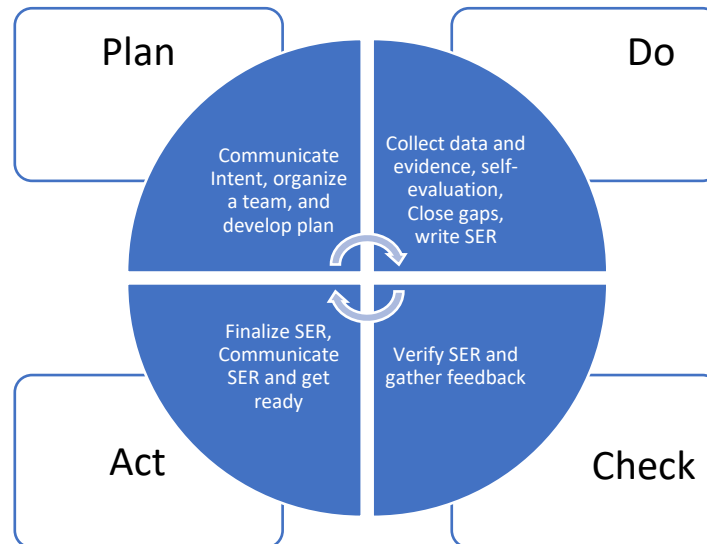


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

Details of each step are explained in the following paragraphs:

a. Plan

The “Plan” phase starts with the communication of intent for quality assessment. Appoint a group responsible for writing the SER. The group should consist of key people representing various departments and led by someone appointed by the faculty or university. This group should have financial, and staff support from the school management. The group could then be divided into subgroups in which each subgroup is assigned to address one or several standards. As part of the change management process, early engagement with stakeholders is crucial to get their buy-in and commitment before the start of the project. A clear timetable should be set up to develop the SER. Each member in the group should be made responsible for collecting and analysing data and information, and writing the SER. Each member must have a good understanding of the accreditation criteria before proceeding to the next phase. Figure 2 is an example of a timetable that could be developed.

Activity/Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Deadline	Assigned to	Status
P L A N	Communicate Intent																			
	Organizing Team																			
	Development Plan																			
	Understanding IAAHEH Criteria and Process																			
D O	Self-assessment																			
	Collect Data & Evidence																			
	Close Gaps																			
	Write SER																			
	Review SER																			
C H E C K	Verify SER																			
	Gather Feedback																			
A C T	Improve QA																			
	Finalise SER																			
	Communicate SER																			
	Get Ready																			
Change Management																				

Figure 2. Example of a timetable to develop the SER

Note: The plan in this table is conducted during the nurturing and writing preliminary SER.

In summary, the following are steps that need to be taken during the planning stage, namely (1) to appoint a group/committee with representation of relevant stakeholders, (2) to ensure sufficient financial support, (3) to ensure staffing support, (4) to clarify the task, including the standards to be addressed, (5) to plan timetable (Banda, 2016).

IAAHEH provides training and assistance in conducting self-evaluation reports during the application phase.

b. Do

The “Do” phase involves identifying the gaps in meeting the accreditation criteria. Data collection is a critical step in this phase as it helps to quantify the existing quality assurance practices as well as to identify what the institution needs to do to meet the accreditation criteria. Solutions to close the gaps should be implemented before proceeding to write and review the SER. In the process of conducting its self-study, a midwifery school brings together representatives of the administration, faculty, student body, and other constituencies to:

1. collect and review data about the midwifery school and its educational program,
2. identify evidence that supports the achievement of accreditation standards.
3. identify gaps between the existing conditions and the accreditation standards.
4. define strategies to ensure that the gaps are closed, and any problems are addressed effectively.

As data collection is an important step, it is crucial that data collection is done according to sound methodology. Wherever possible, it is suggested to use the existing data. The same set of data could be used for more than one standard. In case new data is required, data collection methods should be designed that can demonstrate the achievement of the accreditation standards.

There might be some barriers during the data collection, such as lack of access to the required documentation, low response rates, scattered information, missing information, or limited access to data. These barriers need to be overcome. All data that has been collected needs to be analysed and presented in simple and understandable formats to answer each key question. Tables, charts, graphs, and narratives might be used.

Once the data collection is completed, the writing of the SER could be started. Each key question in the Accreditation Standards needs to be answered according to the existing conditions and supported with evidence.

c. Check

To prepare a creditable and objective report, the assessment team must verify the evidence gathered. The “Check” phase involves verifying the SER as well as the quality assurance practices and giving feedback to improve them. An independent team should be appointed to assess the SER and the existing quality assurance practices against the accreditation criteria. Recommendations to improve the SER and close the gaps in the existing quality assurance practices should be made.

d. Act

The “Act” phase involves implementing the recommendations raised in the “Check” phase. The SER is finalised before communicating it to relevant stakeholders and getting ready for the external assessment.

2.3 Structure and Format of Self-Evaluation Report

An executive summary is required to provide an overall picture of the program, followed by a glossary to clarify the specific terminologies. A brief description of the study program is written at the beginning of a Self-Evaluation Report. Further, the self-evaluation report is developed through a specific design consisting of the structure of the SER, the used format, the dissemination of SER to stakeholders and the content, as described below.

a. Structure

In writing the Self-Evaluation Report (SER), each key question in the Accreditation Standards needs to be addressed. The evidence that supports the achievement of each substandard needs to be referred to, attached, and linked in the designated cloud location.

Table 1. The structure of Self-Evaluation Report

Executive Summary
Glossary
Chapter I Institutional Context
Chapter II Self-Evaluation
1.1. The Need for Self-Evaluation
1.2. The Team
1.3. The Process of Self-Evaluation (who is involved and how)
1.4. Methods (sample, data collection and analysis)
Chapter III Accreditation Standards
1. MISSION AND VALUES
1.1 Starting the mission.
1.2 Recommendation
2. CURRICULUM
2.1 Intended curriculum outcomes.
2.2 Curriculum organisation and structure
2.3 Curriculum content
2.4 Educational methods and experiences
2.5 Recommendation
3. ASSESSMENT
3.1 Assessment Policy and System
3.2 Assessment in support of learning
3.3 Assessment in support of decision-making
3.4 Quality control
3.5 Recommendation
4. STUDENTS
4.1 Selection and admission policy
4.2 Student counselling and support
4.3 Recommendation
5. ACADEMIC STAFF

- 5.1 Academic staff establishment policy
- 5.2 Academic staff performance and conduct
- 5.3 Continuing professional development for academic staff.
- 5.4 Recommendation

- 6. EDUCATIONAL RESOURCES
- 6.1 Physical facilities for education and training
- 6.2 Clinical training resources
- 6.3 Information resources
- 6.4 Financial Resources
- 6.5 Recommendation

- 7. QUALITY ASSURANCE
- 7.1 The quality assurance system
- 7.2 Recommendation

- 8. GOVERNANCE AND ADMINISTRATION
- 8.1 Governance
- 8.2 Student and academic staff representation
- 8.3 Administration
- 8.4 Recommendation

Chapter IV Summary of the Overall Results

Chapter V Appendices

In Chapter IV, the study program summarises the overall results for each sub criteria and determines whether it is compliance, partially compliance and non-compliance, as shown in the table below:

Table 2. Categories of Summary of the Overall Results

Accreditation Standards	Compliance	Partial Compliance	Non-Compliance
1.1. Stating the mission			
2.1. Intended curriculum outcomes			
2.2. Curriculum organisation and structure			
2.3. Curriculum content			
...etc.			

b. Format

The SER should be written in size 12 Times New Roman font on A4 paper with single space. The maximum page is 80 pages excluding Executive Summary, Glossary and Appendices.

c. Dissemination

The school needs to identify who will receive the full reports and the executive summary, for both internal and external stakeholders. Many have been involved in completing the Self-Evaluation and would need to be informed of the results. A communication strategy needs to be

planned. The main point of this entire process should be to facilitate change where change is required. Therefore, the last element that must be addressed is the issue of securing the commitment to act on the recommendation of the SER.

Table 3. Description of the Term Self-Evaluation Result

Compliance	Almost all components in each sub criterion can be fulfilled
Partial Compliance	Some components in each sub criterion can be fulfilled. But there are components in some sub criteria that cannot be fulfilled. These unfilled components of sub criteria are not systemic and will not affect the education process, will not disrupt the achievement of the vision, mission, objectives, and targets of the institutions, and will not hinder the achievement of learning outcomes and competencies.
Non-Compliance	All components in each sub criterion cannot be fulfilled

d. Content

IAAHEH has developed 8 (eight) criteria consisting of mission and values, curriculum, assessment, student, academic staff, resources, quality assurance, governance and administration as described in Chapter 1.

Chapter 3. Guidance for Survey Visit

3.1 Desk Evaluation Report

IAAHEH assigns an Assessor Team consisting of 3 (three) people after nurturing process is complete. This team consist of a chairperson, a secretary, and a members. After receiving the Self Evaluation Report as described in Chapter 2, the assessor reviews the SER and conducts a desk evaluation independently for two weeks (online) by filling in the assessment form 1 (Appendix 1) through SIMAk-Int.

The assessors make the summary of findings from the Self Evaluation Report by extracting important data and information that is entered into the Summary of Findings from Self Evaluation Reports columns. Based on the summary of findings, the assessors decide whether each element of the sub criteria is full compliance, partial compliance, or non-compliance that is entered into the Performance in Accreditation Element columns. Each assessor of the Assessor Team then meets online to consolidate the results of the desk evaluation within two weeks before conducting the survey visit and entering the consolidated results into SIMAK-Int.

3.2 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through interviews and observation of all criteria in WFME standards based on the result of Self-Evaluation Report (SER) Review. The targeted sites of the survey visit include buildings, infrastructure, and facilities to deliver the study program. This guidance aims to provide key points for the study program in preparing for the survey visit. It consists of an explanation of the assessors, survey visits, and survey visit reports.

Principles of the survey visit

The survey visit should focus on:

- The continuous quality improvement, such as PDCA (*plan, do, check, and action*).
- Achievements in education, research, and public services, competition, and internationalisation.
- Compliance with ICM Standards.
- Academic and non-academic achievement, including assessment of input, process, and output.
- Availability of evidence and traceability.
- Management of the study program.
- Effectiveness of internal quality assurance system

3.3 Administrative Preparation for Survey Visit

The team and the study program achieve an agreement on the schedule during the survey visit, especially the schedule for interviews with faculty, students, and alumni; the progress report session, the closing session, and other activities such as post accreditation meeting with dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.

- The date of survey visit is organised by the secretariat of IAAHEH.
- Invitation letter for the Assessor
- Booking accommodation for the Assessor
- Dietary requirements such as vegetarian, halal food, etc.
- Health protocol
- The interviewee cannot be replaced.
- The midwifery school provides local transport, airport transfer.
- The midwifery school invites midwifery school board, senate, academic staff, students, alumni, users, supporting staff, and translator.
- The midwifery school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- The midwifery school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, sample of examinations, practical guidance, clinical rotation/clerkship guidance.
- The midwifery school prepares documents related to the internal quality assurance system (midwifery school academic policy, academic regulations, other manuals and procedures as required).
- The midwifery school prepares an information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- The midwifery school provides a translator if English is not the native language and documents are primarily not in English.
- The midwifery school provides a working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.4 The Survey Visit Procedure

The activities of the survey visit would include:

- An introductory meeting with the management of the study program and the faculty
- Interview sessions with:
 - Management of the study program
 - Internal quality assurance team
 - Faculty members (10-12 faculty members)
 - Students represented from each academic year (10-12 students)
 - Supporting staff (8-10 staff, including laboratory technicians/analysts, IT, administration, librarians, etc.)
 - Alumni who graduated in the last 3 years. (8-10 alumni)
 - Employers of the graduates (6-8 employers preferably non-alumni)
 - Management of the clinical site
- Observation and assessment of the teaching and learning processes (in the classroom, practical/ skill laboratory, and any setting of the clinical site)
- Visitation and assessment of physical facilities: library, laboratories, simulation centre, hospitals, clinics, private midwife clinics, student services, and other facilities for students
- Clarification and validation of documents
- Closing meeting with the midwifery school management

If needed, an interpreter from a non-related party should be provided to bridge communication between the assessor team and the local staff.

The typical schedule in appendix 2 could be rearranged to suit the situation. However, all the agenda should be conducted.

3.5 Guidance for Introductory Meeting

The introductory meeting is aimed to inform both the assessors and the study program during the survey visit concerning each responsibility.

- The leader collaborates with the school in determining the fixed schedule of introductory meetings.
- Assessors introduce themselves as well as their roles on the survey visit.
- The leader gives a summary of the whole survey visit activities including the deliverables that should be completed by the assessors. He or she informs the study program that the team will end up with a recommendation based on the survey visit results and deliver the recommendation to the council.
- The leader informs the study program that the aim of the accreditation is mainly to improve the quality of the study program.
- The assessors and the study program should work collaboratively and support each other according to their responsibilities.
- The leader reminds the team and the study program to encourage open and honest discussions.
- Assessors should report their initial findings based on the self-survey visit report according to his/her responsibility.
- The team and the study program achieve an agreement on the schedule during the survey visit, especially the schedule for interviews with faculty, students, and alumni; the progress report session, the closing session, and other activities such as post accreditation meeting with dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.
- The leader reminds the secretariat of IAAHEH to provide a form to be fulfilled by the team.
- The leader reminds the procedure of the survey visit, including each member's assignment.
- The leader reminds assessors to take notes during the survey visit and report it by the end of the visit.
- Leader reminds of the prohibition of using laptops or mobile phones during the meeting, interviews, and observations, or doing other unrelated activities with the study program except activities required for the accreditation process.
- The leader reminds the team to always consider private data information and confidential matters of the accreditation process.

a. Preparation for the Venue

The midwifery school has to provide the venue with equipment (LCD, Screen, microphone) that can accommodate all the invitees.

b. Preparation for the Invitee

The following are the person or the parties to be invited:

- The Dean
- Vice Dean
- Head of Study Program
- Accreditation Team
- Head of Quality Assurance Unit
- Directors of Teaching Hospitals

- Education Unit
- Research Unit
- Community Service Unit
- Heads of Departments
- Heads of Administrations
- etc.

c. Midwifery School Preparation for the Presentation

The profile of the midwifery school will be presented during the first session of the visit.

- The Dean/ Vice Dean will prepare a presentation on the highlight of the school's profile and the school's strategic planning and management, resources available to run the midwifery program, human resources and other physical and non-physical resources required for the midwifery program, counselling, and student support.
- The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- Head of the quality assurance unit to prepare a presentation on internal quality assurance system.

It is advised that the presentations will stress the important points and updated information. It is strongly suggested that the presentations will not repeat all the information that is already in the SER. In total, the presentation lasts 30 minutes and Q&A session should last about 30 minutes.

3.6 Guidance for Interview

This guidance is intended for assessors and the midwifery school during the visit. The interview session will be held without the presence of the school management and accreditation team. The interview will be:

- Interview with the management of the midwifery school about governance, quality assurance, human resource management, curriculum management, finance and asset management, program development, collaboration program, academic environment, description of how research is disseminated and utilised, research rewards and incentives, ethics review board composition and functions.
- The school appoints academic staff that will be interviewed, the academic staff represent basic midwifery sciences, midwifery clinical practice, public health, bioethical and midwifery education, as well as representing different academic ranks. The interview with academic staff will cover leadership, faculty development program, working atmosphere, relationship with management and colleague, workloads (teaching, research, and community services), learning, teaching and research facilities, job security and satisfaction, relevant academic issues, academic and non-academic support system, ranking and promotion system, faculty orientation program, salary scale, faculty performance evaluation, academic advising and referral system, description of how research is disseminated and utilised, research rewards and incentives
- The school invites support staff representing different functions, such as technicians (Mechanical and Electrical (ME) and laboratories), librarians, administrative, IT support, finance.

The interview will cover leadership, supporting staff, development program, working atmosphere, relationship with management and colleague, workloads, staff qualification

relevant to the assignment, job security and satisfaction, relevant issues, information technology support system, library acquisition and collection development plan and profile of library staff.

- The school invites students that will be interviewed, which represent different academic years and achievements, and student organisations.
The interview will cover academic atmosphere, learning, teaching and research facilities, student learning and teaching satisfaction, student support system, academic advising and referral system, non-academic development program, job, and career information.
- The school invites alumni that graduated in the last five years. The interview will cover learning experiences, job preparedness, the relevance of the acquired competencies with the current job, alumni feedback and contribution, time to get the first job, involvement in the academic, research, community services of the school, and internship program.
- The school invites employers of the alumni, representing various kinds of workplaces (or such as hospitals, health offices, universities, clinics, other health services, and companies). Preferably the employer is not an alumnus. Otherwise, a maximum of 30% of the interviewees are alumni. The interview will cover the hard skills and soft skills of the alumni employed, employer feedback to the school.

3.7 Guidance for Observation

Observation is a way of gathering data by watching behaviour, events, process, activities, and physical settings.

- The school prepares the physical facilities of the university, hospital, and health centre to be visited by assessors.
- The physical facilities of the university observed include equipment and instrument. The observation may include office, bio-midwifery laboratories, classroom, clinical skill labs, library (library acquisition and collection development plan and profile of library staff), IT, small room for discussion, student lounge, and student lockers.
- The visit to the hospital may include the emergency department, OPD, IPD, PICU, NICU, HCU, L&DU, RR, surgery theatre, student room for the night shift, and some midwifery departments.
- Physical facilities for student support, such as clinics, sports facilities, dormitory, and class size.
- Observation of some activities, such as teaching and learning, small group discussion, and laboratory activities. The observations are focused to check consistencies between descriptions in the SER with the curriculum implementation.

3.8 Guidance for Document Checking

If there are any new information/data/documents which had not been included in SER, the school may display them during the visit of assessors, otherwise, the assessors will not require any additional document. The purposes of the document checking are:

- To verify that the evidence is genuine, valid, and current.
- Sample syllabi, sample examination questions, samples of theses, dissertations, capstone projects, samples of academic advising and referral system, schedule of the current term, list of thesis advisers and number of advisees per adviser, performance in the licensure examinations. List of co-curricular activities, and samples of minutes of curricular review and evaluation
- Research agenda, research manual, faculty research journal/s, graduate research journal, list of faculty and student research and publications, research budget and performance

report, research contracts with government and private agency and institutions, ethics review board composition and functions

- Tuition fee schedule, admission and retention policies, enrolment figures per program and year level, statistical data on dropouts, graduation/completion rates, scholarships and grants, support and auxiliary services student satisfaction survey visit results, health clearance certificate of canteen personnel, safety and sanitation inspection reports/documents of the canteen/cafeteria, MoAs with accredited dormitories, sample minutes of meetings of student services offices, list of graduate student organisations, tracer and employer satisfaction surveys and exit interviews, list of student activities and collaborations.
- Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services off-campus, monitoring of online campus, samples of minutes of faculty meetings.
- Library staff development program, library fees, library budget and performance reports, instructional/Orientation program for users, list of print, non-print, electronic resources, utilisation report.
- Organisational chart, the profile of Board of Trustees and key institutional and program administrators, latest institutional and program strategic plans and program operational plan, contingency plan or emergency and business continuity plan, audited financial statements for the last three years, graduate school budget, data privacy policy, MoA/MoUs with local and/or international academic, professional, research, private and/or government institutions/organisations, list of chairs, grants, and donations from foundations, minutes of consultation meetings with stakeholders.
- Description of outreach activities/service-learning program, classroom utilisation statistics, list of classrooms and/or special rooms dedicated for graduate school activities, facilities and laboratory maintenance, sanitation and/or inspection schedule and report, documentation of the following (videos and/or photos): faculty room, consultation rooms including those used for counselling, student lounges and student organisation rooms, classrooms and laboratories used by the graduate school, co-curricular, extra-curricular, and community service activities.

3.9 Guidance for Closing Meeting

A closing meeting needs to be prepared by the Study Program to allow the assessor team to present their finding in front of the Study Program. The study program needs to invite relevant invitees specifically their accreditation team. It is usually attended by the management of the Study Program. The Study program also prepares all the needs for the presentation.

The following is the procedure for the Closing Meeting:

- The draft of the summary findings will be given to a study program to be read thoroughly.
- The accreditation team of the study program discusses each sub-criterion.
- The accreditation team will write comments or criticise the findings if there is any irrelevant description of the real condition.
- In the following morning, the study program prepares a representative room for discussion with the assessors, required equipment such as audio-visual, LCD, white screen, a printer with sufficient ink, etc.
- The study program invites all relevant invitees from the study program, especially the accreditation team.
- The representative of the Study program will open the meeting and ask the team of assessors to lead the meeting.

- The head of the assessor team assigns one of the team members to present the summary of findings.
- Each sub criteria will be read and discussed.
- All invitees will listen carefully and respond to a relevant sub-criterion.
- The Study program will show related evidence/s to support their assumption on related sub-criteria.
- Each sub-criteria will have a new description based on an agreed statement from the study program.
- The study program representatives will listen to the recommendation for each sub-criteria after been adjusted with the recent changes.
- After discussing all sub criteria, and both sides agree with the findings, the accreditation team of Study program will listen to the summary findings, and re-describe the commendation and the recommendation.
- The head of the team concludes the summary findings, re-describes the commendation and the recommendation, then allows the assessor team to print.
- While the assessor team prints the documentation, the study program will wait for the next session.
- The head of the assessor returns the session to the Study Program.
- The responsible person for the Study Program will receive the session and then deliver his/her closing remarks.
- The meeting is dismissed.

3.10 Guidance for Survey Visit Report

1. The Assessment Team meets online to prepare the survey visit report (including conclusions of the survey visit and recommendations) in Assessment Form 3 (Appendix 4).

Format Report:

- a. Written in A4 format, with 1 inch for left and right margins, 1.2 inch for top and bottom margins. Using Times New Roman black font, 12 pt. 1.15 space between each line. The heading and subheading could use a different font size.
- b. The report should be written in British English.
- c. The report consists of:
 - Cover of the report
 - List of pages
 - Identification of the school under survey visit
 - The date of receiving of the self-evaluation report, desk evaluation of the SER, date of survey visit.
 - The assessors' member
- d. Summary of the findings
 - Brief profile of the school
 - Strength of the school
 - Area of concern
 - The area that needs further evidence
- e. Findings of each standard and its sub criteria. This should be written in the following sequence:
 - Findings of sub criteria of the standard
 - Area of strengths of the school in the described standard and its sub criteria
 - Area of concern
 - Area that needs further evidence

- Recommendation for the standards and their sub criteria
- f. List of appendices
Appendices are arranged in sequential order as their appearance in the narrative.
- 2. The assessor completes Assessment Form 4 Summary of Compliance (Appendix 5) based on the conclusions of the Self Evaluation Report and Survey Visit Report.

Summary of Accreditation Report

Criteria 1. Mission and Values

1.1 Stating the Mission

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
1.1.1	How is the mission statement specially tailored to the school?				
1.1.2	How is the mission statement tailored to the school for strategic planning, quality assurance, and management?				
1.1.3	How internal and external interest groups were involved in its development				
1.1.4	How the Midwifery program mission is aligned with ICM core documents including their philosophy and program delivery, regulatory standards of the local accrediting agency and relevant government requirements				

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
2.1.1	How were the intended outcomes for the course as a whole and for each part of the course designed and developed?				
2.1.2	The Midwifery program learning outcome meets the criteria of the ICM competence and the regulatory requirement				
2.1.3	What is the approach of the curriculum design? How is the curriculum design aligned with the school's mission?				
2.1.4	How do the midwifery programs provide students with the necessary clinical experience to achieve the outcome of the programs?				
2.1.5	How do they relate to the intended career roles of graduates in society?				
2.1.6	What makes the chosen outcomes appropriate to the social context of the school?				

2.2 Curriculum Organization and Structure

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
2.2.1	What are the principles behind the school's curriculum design?				
2.2.2	What is the relationship between the different disciplines of study that the curriculum encompasses?				

2.3 Curriculum Content

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
2.3.1	Who is responsible for determining the content of the curriculum?				
2.3.2	How is curriculum content determined?				
2.3.3	What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?				
2.3.4	What elements of midwifery sciences are included in the curriculum? How are the choices made and time allocated for these elements?				
2.3.5	What elements of clinical sciences and midwifery clinical skills are included in the curriculum? How are the choices made and time allocated for these elements?				

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
2.3.6	In which midwifery clinical skills are all students required to gain practical experience?				
2.3.7	How are students taught to make clinical judgements in line with the best available evidence?				
2.3.8	What is the basis for the school's allocation of student time to different clinical practice settings?				
2.3.9	What elements (if any) of health systems are included in the curriculum? How are the choices made and time allocated for these elements?				
2.3.10	How do students gain familiarity with fields receiving little or no coverage?				
2.3.11	How does the school modify curriculum content related to advances in knowledge?				
2.3.12	How are principles of scientific methods and midwifery research addressed in the curriculum?				
2.3.13	Which fields (if any) are elective? How are elective fields decided?				
2.3.14	How is student learning assured in disciplines in which they do not get specific experience?				

2.4 Educational Methods and Experiences

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
2.4.1	What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?				
2.4.2	According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?				

Criteria 3. Assessment

3.1 Assessment Policy and System

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
3.1.1	Which assessments does the school use for each of the specified educational outcomes?				
3.1.2	How are decisions made about the number of assessments and their timing?				
3.1.3	How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?				

3.2 Assessment in Support of Learning

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
3.2.1	How are students assessed to support their learning?				
3.2.2	How are students assessed to determine those who need additional help?				
3.2.3	What systems of support are offered to those students with identified needs?				

3.3 Assessment in Support of Decision-Making

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
3.3.1	How are blueprints (plans for content) developed for examinations?				
3.3.2	How are standards (pass marks) set on summative assessments?				
3.3.3	What appeal mechanisms regarding assessment results are in place for students?				
3.3.4	What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?				
3.3.5	How are assessments used to guide and determine student progression between successive stages of the course?				

3.4 Quality Control

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
3.4.1	Who is responsible for planning and implementing a quality assurance system for assessment?				
3.4.2	What quality assurance steps are planned and implemented?				
3.4.3	How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?				
3.4.4	How are individual assessments analysed to ensure their quality?				
3.4.5	How is data from assessments used to evaluate teaching and the curriculum in practice?				
3.4.6	How are the assessment system and individual assessments regularly reviewed and revised?				

Criteria 4. Students

4.1 Selection and Admission Policy

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
4.1.1	How is alignment determined between the selection and admission policies, and the mission of the school?				

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
4.1.2	How does the selection and admission policy fit with regulatory (accreditation) or government requirements?				
4.1.3	How is the selection and admission policy tailored to the school?				
4.1.4	How is the selection and admission policy tailored to local and national workforce requirements?				
4.1.5	How is the selection and admission policy designed to be fair and equitable, within the local context?				
4.1.6	How is the selection and admission policy publicized?				
4.1.7	How is the selection and admission system regularly reviewed and revised?				

4.2 Student Counselling and Support

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
4.2.1	In what ways are the academic and personal support and counselling services consistent with the needs of students?				
4.2.2	How <i>are</i> these services recommended and communicated to students and staff?				
4.2.3	How do student organizations collaborate with the midwifery school				

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
	management to develop and implement these services?				
4.2.4	How appropriate are these services both procedurally and culturally?				
4.2.5	How is the feasibility of the services judged, in terms of human, financial, and physical resources?				
4.2.6	How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?				
4.2.7	Is orientation to technology provided, and technological support available to students?				

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
5.1.1	How did the school drive at the required number and characteristics of their academic staff?				
5.1.2	How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?				

5.2 Academic Staff Performance and Conduct

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
5.2.1	What information does the school provide for new and existing academic staff and how is this provided?				
5.2.2	What induction training does the school provide for academic staff?				
5.2.3	How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum				
5.2.4	Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?				
5.2.5	Are the policies for midwifery faculty and staff comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization?				

5.3 Continuing Professional Development for Academic Staff

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
5.3.1	What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?				
5.3.2	How does the school take administrative responsibility for the implementation of				

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
	the staff's continuing professional development policy				
5.3.3	What protected funds and time does the school provide to support its academic staff in their continuing professional development?				

Criteria 6. Educational Resources

6.1 Physical Facilities for Teaching and Learning

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
6.1.1	How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?				
6.1.2	Is it appropriate or necessary to supplement or replace classroom teaching with distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?				

6.2 Clinical training resources

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
6.2.1	What range of opportunities are required and provided for students to learn clinical skills?				
6.2.2	What use is made of skills laboratories and simulated patients, and of actual patients in this regard?				
6.2.3	What is the basis of the policy on the use of simulated and actual patients?				
6.2.4	How does the school ensure that students have adequate access to clinical facilities?				
6.2.5	What is the basis for the school's mix of community-based and hospital-based training placements?				
6.2.6	How does the school engage clinical teachers and supervisors in the required range of practice settings?				
6.2.7	How does the school ensure consistency of curriculum delivery in clinical settings?				

6.3 Information Resources

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
6.3.1	What information resources are required by students, academics, and researchers?				
6.3.2	How are these provided?				
6.3.3	How is their adequacy evaluated?				
6.3.4	How does the school ensure that all students and academic staff have access to the needed information?				

6.4 Financial Resources

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
6.4.1	How to support funding sources for school (e.g., tuition fees, other fees, and grants)?				
6.4.2	How has the source and/or amount of funding changed over time				
6.4.3	How do organizations and/or schools ensure adequate funding for the sustainability of education programs?				
6.4.4	How does the school allocate the budget for midwifery programs and unit management?				

Criteria 7. Quality Assurance

7.1 The Quality Assurance System

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
7.1.1	How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?				
7.1.2	How is responsibility for the implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?				
7.1.3	How are resources allocated to quality assurance?				
7.1.4	How has the school involved external stakeholders?				
7.1.5	How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?				

Criteria 8. Governance And Administration

8.1 Governance

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
8.1.1	How and by which bodies are decisions made about the functioning of the institution?				
8.1.2	How does the school govern the teaching, learning, and research in the institution?				
8.1.3	How is the budget aligned with the mission of the school?				
8.1.4	How does the strategy review the performance of the school?				
8.1.5	How are the risks identified and mitigated?				

8.2 Student and academic staff representation

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
8.2.1	To what extent and in what ways are students and academic staff involved in the school's decision-making and functioning?				
8.2.2	What, if any, social or cultural limitations are there on student involvement in school governance?				

8.3. Administration

Key questions		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Reports	Performance in Accreditation Element
8.3.1	How does the administrative structure and process support the functioning of the institution?				
8.3.2	What is the reporting structure for administration in relation to teaching, learning, and research?				
8.3.3	How does the administrative structure support the functioning of an institution?				
8.3.4	How does the decision-making process support the functioning of the institution?				

The Typical Schedule for the Survey Visit

Day -1		
08.30-09.00	:	Introductory meeting of the management of the study program and assessors
09.00-10.00	:	Presentation of the profile of the study program by the management of the study program (and Q&A session)
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the supporting staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, simulation centre, and other facilities in the study program.
15.00-16.00	:	Interview and discussion with the Internal Quality Assurance team of the study program
16.00-17.00	:	Internal discussion of the assessors
Day-2		
08.30-09.00	:	Introductory meeting with the management of academic hospitals.
09.00-11.00	:	Visitation of the academic hospitals: outpatient clinics, in-patient wards, emergency room, and other facilities for students in the hospitals.
11.00-12.00	:	Interview and discussion with the clinical preceptors
12.00-13.00	:	Lunch break
13.00-14.30	:	Interview and discussion with the students
14.30-16.00	:	Document verification
16.00-17.00	:	Internal discussion of the assessors
Day-3		
08.30-09.00	:	Introductory meeting with the management of teaching clinics, private midwife clinics, and teaching facilities in the community
09.00-11.00	:	Visitation to teaching clinics or teaching facilities in the community.

11.00-12.00	:	Interview and discussion with the clinical preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussion with the alumni of the study program
14.30-16.00	:	Discussion with the employers of the graduates and other stakeholders
16.00-17.00	:	Internal discussion of the assessors
Day-4		
08.30-09.30	:	Observation of the teaching and learning process
09.30-10.30	:	Additional Documents verification
10.30-12.00	:	Clarification and verification with the management of the study program
12.00-13.00	:	Lunch break
13.00-16.00	:	Internal discussion of the assessors to draft the initial report to be presented in exit meeting
16.00-17.00	:	Closing meeting and discussion

Executive Summary

Glossary

Criteria 1. Missions and Values

Narrative response:

- The use of vision and mission for planning, quality assurance, and management in the study program.
- Alignment with regulatory standards of the local agency and with the relevant governmental requirements
- Alignment of vision, mission, aim and strategy; developed during study programs' activities and program planning process.

Criteria 2. Curriculum

Narrative response:

- The graduate's outcomes in line with teacher's teaching and learning planning strategy
- Narrative of curriculum development process (planning, implementation, evaluation): note's meeting, list of attendance, other supporting documents
- Alignment of intended graduate outcome with graduate career role in society derived from institution vision and missions, the education philosophy and need analysis.

Criteria 3. Assessment

Narrative response:

Brief description on assessment policy (centralised system), alignment with its curriculum outcomes, management (frequencies, timing), Standard assessment, criteria, and decision

Criteria 4. Students

Narrative response:

- Description of the students support system (relevance, accessibility, confidentiality)
- Students support systems: academic and non-academic, communication with students

Criteria 5. Staffing

Narrative response:

- Description on academic staff planning (manpower plan) including the number, discipline mix, academic and professional development plan of the academic staff.
- Initial training for academic staff should there is any.
- Performance evaluation and reports of the academic staff.
- Feedback provided to the academic staff.

Criteria 6. Educational Resources, Settings, and Scholarship

Narrative response:

- Judgement for the study program to provide certain physical infrastructures (buildings, classrooms, etc.) based on the curriculum designed and the national or university standard (e.g., room per students in class, in laboratory, internet bandwidth per students, academic staffs, etc.).
- policies for students to learn clinical skills, in a simulated setting, but also in the real setting, with mannequins, simulated patients or real patients.
- Policies on students' clinical education, either in the hospital, clinic, or community-

based setting

- Policies on study resources provision, library (incl. Books, journals, electronic or hard copies), internet bandwidth, etc.

Criteria 7. Monitoring and Evaluation of the Educational Process

Narrative response:

- Policies on quality assurance, its purposes and methods and subsequent action.
- Quality assurance system is embedded in the structure of the organisation, with its allocated resources.
- Involvement of external stakeholders in quality assurance

Criteria 8. Governance and Administration

Narrative response:

- The organisation chart of the institution and its function and responsibilities
- Budget decision making in the organisation
- Involvement of students and academic staff in decision making and functioning
- Reporting structure for administration in relation to teaching.

Criteria 1: Mission and Values
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 2: Curriculum
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 3: Assessment
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 4: Students
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 5: Staffing
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 6: Educational Resources, Settings, and Scholarship

<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 7: Monitoring and Evaluation of the Educational Process
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 8: Governance and Administration
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria

Appendix 5 Summary of Compliance (Assessment Form 4)

Standard	Summary of Self Evaluation Report Conclusion	Summary of Survey Visit Report Conclusion
1. MISSION AND VALUES		
1.1 Stating the mission		
2. CURRICULUM		
2.1 Intended Curriculum Outcomes		
2.2 Curriculum Organisation and Structure		
2.3 Curriculum Content		
2.4 Educational methods and experiences		
3. ASSESSMENT		
3.1 Assessment Policy and System		
3.2 Assessment in Support of Learning		
3.3 Assessment in Support of Decision-Making		
3.4 Quality control		
4. STUDENTS		
4.1 Selection and Admission Policy		
4.2 Student Counselling and Support		
5. ACADEMIC STAFF		
5.1 Academic Staff Establishment Policy		
5.2 Academic Staff Performance and Conduct		

5.3 Continuing Professional Development for Academic Staff		
6. EDUCATIONAL RESOURCES		
6.1 Physical Facilities for Education and Training		
6.2 Clinical Training Resources		
6.3 Information Resources		
7. QUALITY ASSURANCE		
7.1 The Quality Assurance System		
8. GOVERNANCE AND ADMINISTRATION		
8.1 Governance		
8.2 Student and academic staff representation		
8.3 Administration		